

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 16-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/25/2018 10:24 am
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 5/25/2018 Time: 10:24 am
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only 5. Cost Report Status 6. Date Received:
 (1) As Submitted 7. Contractor No. 10. NPR Date:
 (2) Settled without Audit 8. Initial Report for this Provider CCN 11. Contractor's Vendor Code: 4
 (3) Settled with Audit 9. Final Report for this Provider CCN 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.
 (4) Reopened
 (5) Amended

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by THE FINLEY HOSPITAL (16-0117) for the cost reporting period beginning 01/01/2017 and ending 12/31/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed) _____
 Officer or Administrator of Provider(s)

 Title

 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-1,091	38,674	0	0	1.00
2.00 Subprovider - IPF	0	4,453	-63		0	2.00
3.00 Subprovider - IRF	0	15,160	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	3,196		0	9.00
200.00 Total	0	18,522	41,807	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDI CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 16-0117			Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/24/2018 1:59 pm				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 350 NORTH GRANDVIEW AVENUE			PO Box:						1.00	
2.00	City: DUBUQUE			State: IA		Zip Code: 52001		County: DUBUQUE		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
								V	XVIII	XIX	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		THE FINLEY HOSPITAL	160117	20220	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF		THE FINLEY HOSPITAL - MHU	16S117	20220	4	12/23/1998	N	P	P	4.00
5.00	Subprovider - IRF		THE FINLEY HOSPITAL - REHAB	16T117	20220	5	01/01/2004	N	P	N	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA		FINLEY HOSPITAL HOME CARE	167002	20220		07/01/1966	N	P	O	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2017	12/31/2017		20.00	
21.00	Type of Control (see instructions)						2			21.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							3		N	23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			352	236	21	54	1,974	0	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			30	46	0	23	153		25.00	

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		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1					26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1					27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0					35.00
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.						36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0					37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)						37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.						38.00
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N				39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N				40.00
		V	XVIII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	N					60.00
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03

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	Y/N	IME	Direct GME	IME	Direct GME			
	1.00	2.00	3.00	4.00	5.00			
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04	
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05	
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06	
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00		2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.						61.10	0.00 0.00
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.						61.20	0.00 0.00
							1.00	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						62.00	0.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions) Teaching Hospitals that Claim Residents in Nonprovider Settings						62.01	0.00
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)						63.00	N
	Program Name		Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
	1.00		2.00	3.00	4.00	5.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						64.00	0.00 0.00 0.000000

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0	76.00

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						1.00			
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N		81.00	
TEFRA Providers									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.							86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.					N		87.00	
						V	XIX		
						1.00	2.00		
Title V and XIX Services									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.					N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.					N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.						N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.					N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.					N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.					N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.06	
Rural Providers									
105.00	Does this hospital qualify as a CAH?					N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)							106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.							107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.					N		108.00	
						Physical	Occupational	Speech	Respiratory
						1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					N			109.00
						1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.					N			110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 16-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/24/2018 1:59 pm	
		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	308,941	118.01
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		H00185	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 16-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/24/2018 1:59 pm			
1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: FINLEY TRI-STATES	Contractor's Name: WPS		Contractor's Number: 05001			
142.00	Street: 350 NORTH GRANDVIEW AVE	PO Box:					
143.00	City: DUBUQUE	State: IA	Zip Code: 52001				
144.00 Are provider based physicians' costs included in Worksheet A?							
				1.00	144.00		
				Y			
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.							
				1.00	145.00		
				Y	Y		
146.00 Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.							
				1.00	146.00		
				N			
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							
				1.00	147.00		
				N			
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							
				1.00	148.00		
				N			
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							
				1.00	149.00		
				N			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
155.00	Hospital	N	N	N	N		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC		N	N	N		
165.00 Multi campus							
				1.00	165.00		
				N			
166.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)							
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
							0.00
167.00 Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
				1.00	167.00		
				Y			
168.00 If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							
				1.00	168.00		
				0			
168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							
				1.00	168.01		
169.00 If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							
				1.00	169.00		
				0.25			
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							
				1.00	170.00		
				10/31/2016	12/31/2016		
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							
				1.00	171.00		
				N			

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 16-0117		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part II Date/Time Prepared: 5/24/2018 1:59 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/08/2018	Y	03/08/2017		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 16-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/24/2018 1:59 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JODI		CHARLEY	41.00
42.00	Enter the employer/company name of the cost report preparer.	UNI TYPPOINT HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	515-241-3200		JODI.CHARLEY@UNI TYPPOINT.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 16-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/24/2018 1:59 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT ANALYST		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2018 1:59 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	77	28,105	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		77	28,105	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	10	3,650	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
10.01 BURN INTENSIVE CARE UNIT	33.01	0	0	0.00	0	10.01
10.02 NURSING ADMINISTRATION	33.02	0	0	0.00	0	10.02
10.03 GEROPSYCH REVENUE	33.03	0	0	0.00	0	10.03
10.04 BURN INTENSIVE CARE UNIT	33.04	0	0	0.00	0	10.04
10.05 BURN INTENSIVE CARE UNIT	33.05	0	0	0.00	0	10.05
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		87	31,755	0.00	0	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	9	3,285		0	16.00
17.00 SUBPROVIDER - IRF	41.00	10	3,650		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		106				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2018 1:59 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,298	1,494	12,527			1.00
2.00 HMO and other (see instructions)	2,702	0				2.00
3.00 HMO IPF Subprovider	89	0				3.00
4.00 HMO IRF Subprovider	212	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	6,298	1,494	12,527			7.00
8.00 INTENSIVE CARE UNIT	775	137	1,849			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
10.01 BURN INTENSIVE CARE UNIT	0	0	0			10.01
10.02 NURSING ADMINISTRATION	0	0	0			10.02
10.03 GEROPSYCH REVENUE	0	0	0			10.03
10.04 BURN INTENSIVE CARE UNIT	0	0	0			10.04
10.05 BURN INTENSIVE CARE UNIT	0	0	0			10.05
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		878	2,053			13.00
14.00 Total (see instructions)	7,073	2,509	16,429	0.00	594.81	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,115	0	2,689	0.00	13.39	16.00
17.00 SUBPROVIDER - IRF	1,300	252	2,255	0.00	13.72	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	13,946	0	24,438	0.00	26.68	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	648.60	27.00
28.00 Observation Bed Days		245	1,476			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			171			30.00
31.00 Employee discount days - IRF			64			31.00
32.00 Labor & delivery days (see instructions)	0	128	306			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2018 1:59 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,787	471	4,277	1.00
2.00	HMO and other (see instructions)			715	0		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
10.01	BURN INTENSIVE CARE UNIT						10.01
10.02	NURSING ADMINISTRATION						10.02
10.03	GEROPSYCH REVENUE						10.03
10.04	BURN INTENSIVE CARE UNIT						10.04
10.05	BURN INTENSIVE CARE UNIT						10.05
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	1,787	471	4,277	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	95	0	119	16.00
17.00	SUBPROVIDER - IRF	0.00	0	115	0	181	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days				0		33.00
33.01	LTCH site neutral days and discharges				0		33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2018 1:59 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	46,627,699	0	46,627,699	1,349,092.00	34.56
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		3,931,382	0	3,931,382	21,111.38	186.22
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		11,843,765	-284,984	11,558,781	249,284.00	46.37
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		1,927,454	0	1,927,454	27,807.00	69.32
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		70,266	0	70,266	434.00	161.90
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		7,290,557	0	7,290,557	194,661.00	37.45
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		8,349,458	0	8,349,458		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		2,375,712	0	2,375,712		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		5,945	0	5,945		
22.01	Physician Part A - Teaching		188,803	0	188,803		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		1,801,989	0	1,801,989		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00
27.00	Administrative & General	5.00	2,214,704	0	2,214,704	38,975.00	56.82

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2018 1:59 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		310,118	0	310,118	1,336.00	232.12	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,055,188	0	1,055,188	45,901.00	22.99	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	829,367	0	829,367	59,798.00	13.87	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	852,605	0	852,605	54,880.00	15.54	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,452,660	0	2,452,660	63,056.00	38.90	38.00
39.00	Central Services and Supply	14.00	238,787	0	238,787	17,365.00	13.75	39.00
40.00	Pharmacy	15.00	1,407,178	0	1,407,178	35,609.00	39.52	40.00
41.00	Medical Records & Medical Records Library	16.00	372,021	0	372,021	15,906.00	23.39	41.00
42.00	Social Service	17.00	614,260	0	614,260	20,224.00	30.37	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-3
Part III
Date/Time Prepared:
5/24/2018 1:59 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	43,006,435	0	43,006,435	1,329,316.62	32.35	1.00
2.00	Excluded area salaries (see instructions)	11,843,765	-284,984	11,558,781	249,284.00	46.37	2.00
3.00	Subtotal salaries (line 1 minus line 2)	31,162,670	284,984	31,447,654	1,080,032.62	29.12	3.00
4.00	Subtotal other wages & related costs (see inst.)	9,288,277	0	9,288,277	222,902.00	41.67	4.00
5.00	Subtotal wage-related costs (see inst.)	10,157,392	0	10,157,392	0.00	32.30	5.00
6.00	Total (sum of lines 3 thru 5)	50,608,339	284,984	50,893,323	1,302,934.62	39.06	6.00
7.00	Total overhead cost (see instructions)	10,346,888	0	10,346,888	353,050.00	29.31	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 16-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2018 1:59 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	1,670,082	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	5,234,778	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	224,032	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	26,691	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	297,400	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	21,544	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	3,034,198	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	232,679	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	178,514	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	10,919,918	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 16-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part V Date/Time Prepared: 5/24/2018 1:59 pm
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,927,454	10,919,918	1.00
2.00	Hospital	1,927,454	10,484,154	2.00
3.00	Subprovider - IPF	0	215,292	3.00
4.00	Subprovider - IRF	0	220,472	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 16-0117 Component CCN: 16-7002		Period: From 01/01/2017 To 12/31/2017		Worksheet S-4 Date/Time Prepared: 5/24/2018 1:59 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,193	1,239	394	2,826	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	644.00	133.00	475.00	1,252.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
				0	1.00	2.00	3.00
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			0.00	0.00	0.00	5.00
6.00	Direct Nursing Service			15.54	0.00	15.54	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			7.08	0.00	7.08	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			2.10	0.00	2.10	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.57	0.00	0.57	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.36	0.00	1.36	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			4			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			20220			20.00
20.01				99914			20.01
20.02				99916			20.02
20.03				99952			20.03
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (col s. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	6,520	392	251	83	7,246	21.00
22.00	Skilled Nursing Visit Charges	1,153,840	69,648	43,610	14,418	1,281,516	22.00
23.00	Physical Therapy Visits	3,560	142	16	86	3,804	23.00
24.00	Physical Therapy Visit Charges	660,300	26,412	2,976	15,996	705,684	24.00
25.00	Occupational Therapy Visits	1,079	103	5	31	1,218	25.00
26.00	Occupational Therapy Visit Charges	200,508	19,158	930	5,766	226,362	26.00
27.00	Speech Pathology Visits	166	30	3	5	204	27.00
28.00	Speech Pathology Visit Charges	30,876	5,580	558	930	37,944	28.00
29.00	Medical Social Service Visits	296	25	4	2	327	29.00
30.00	Medical Social Service Visit Charges	71,632	6,050	968	484	79,134	30.00
31.00	Home Health Aide Visits	1,076	70	1	0	1,147	31.00
32.00	Home Health Aide Visit Charges	90,384	5,880	84	0	96,348	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	12,697	762	280	207	13,946	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,207,540	132,728	49,126	37,594	2,426,988	35.00
36.00	Total Number of Episodes (standard/non outlier)	836		93	14	943	36.00
37.00	Total Number of Outlier Episodes		24		2	26	37.00
38.00	Total Non-Routine Medical Supply Charges	47,771	8,709	3,473	151	60,104	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 16-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet S-10 Date/Time Prepared: 5/24/2018 1:59 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.305768	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		9,623,844	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		33,914,349	6.00	
7.00	Medicaid cost (line 1 times line 6)		10,369,923	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		746,079	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		133,647	9.00	
10.00	Stand-alone CHIP charges		514,523	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		157,325	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		23,678	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		769,757	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	886,992	1,163,341	2,050,333	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	271,214	1,163,341	1,434,555	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	903	903	22.00
23.00	Cost of charity care (line 21 minus line 22)	271,214	1,162,438	1,433,652	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			2,519,198	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			44,921	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			69,108	27.01
28.00	Non-Medicare bad debt expense (see instructions)			2,450,090	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			773,346	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			2,206,998	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			2,976,755	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 16-0117		Period: From 01/01/2017 To 12/31/2017		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		2,567,268	2,567,268	-102,025	2,465,243	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00590	ADMINISTRATIVE & GENERAL	1,005,068	797,517	1,802,585	289,880	2,092,465	5.01
5.02	00591	REHAB ADMINISTRATION	174,515	55,348	229,863	-468	229,395	5.02
5.03	00592	RADIOLOGY ADMINISTRATION	363,488	121,041	484,529	-4,164	480,365	5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	314,015	91,422	405,437	-468	404,969	5.04
5.05	00560	PURCHASING RECEIVING AND STORES	357,618	86,643	444,261	-468	443,793	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	0	1,810,642	1,810,642	-26	1,810,616	6.01
7.00	00700	OPERATION OF PLANT	1,055,188	3,916,233	4,971,421	-4,632	4,966,789	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	386,364	386,364	8.00
9.00	00900	HOUSEKEEPING	829,367	824,113	1,653,480	-924	1,652,556	9.00
10.00	01000	DIETARY	852,605	736,559	1,589,164	-9,745	1,579,419	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,452,660	859,672	3,312,332	-19,926	3,292,406	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	238,787	308,267	547,054	-23,108	523,946	14.00
15.00	01500	PHARMACY	1,407,178	3,116,661	4,523,839	-2,654,433	1,869,406	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	372,021	417,219	789,240	-7,416	781,824	16.00
17.00	01700	SOCIAL SERVICE	614,260	172,776	787,036	-1,848	785,188	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,653,332	3,190,929	9,844,261	-2,731,386	7,112,875	30.00
31.00	03100	INTENSIVE CARE UNIT	1,526,509	651,838	2,178,347	-749,857	1,428,490	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	759,166	841,079	1,600,245	-148,180	1,452,065	40.00
41.00	04100	SUBPROVIDER - I RF	886,350	539,094	1,425,444	-13,161	1,412,283	41.00
43.00	04300	NURSERY	383,642	86,017	469,659	801,543	1,271,202	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,546,128	9,775,936	12,322,064	-5,172,271	7,149,793	50.00
51.00	05100	RECOVERY ROOM	1,224,191	484,099	1,708,290	516,144	2,224,434	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-31	4,243	4,212	1,321,031	1,325,243	52.00
53.00	05300	ANESTHESIOLOGY	39,224	643,294	682,518	-96,236	586,282	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	590,454	490,899	1,081,353	-76,704	1,004,649	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	144,646	392,814	537,460	-189,299	348,161	54.01
54.02	03630	ULTRA SOUND	255,799	117,900	373,699	-14,614	359,085	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,049,676	1,155,384	2,205,060	-54,148	2,150,912	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	237,528	124,473	362,001	-39,243	322,758	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	223,013	175,737	398,750	-28,275	370,475	58.00
60.00	06000	LABORATORY	0	5,679,877	5,679,877	-160,188	5,519,689	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	289,184	289,184	63.00
64.00	06400	INTRAVENOUS THERAPY	394,490	227,105	621,595	599,315	1,220,910	64.00
65.00	06500	RESPIRATORY THERAPY	598,252	390,900	989,152	-294,973	694,179	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	224,317	224,317	65.01
66.00	06600	PHYSICAL THERAPY	2,234,560	741,661	2,976,221	-145,977	2,830,244	66.00
67.00	06700	OCCUPATIONAL THERAPY	352,441	88,683	441,124	291,671	732,795	67.00
68.00	06800	SPEECH PATHOLOGY	186,807	49,372	236,179	213,218	449,397	68.00
69.00	06900	ELECTROCARDIOLOGY	199,323	75,906	275,229	-114,939	160,290	69.00
69.01	03140	CARDIOLOGY	651,233	2,310,208	2,961,441	-1,125,500	1,835,941	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	108,328	145,029	253,357	-1,775	251,582	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	1,592,420	1,592,420	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	5,194,652	5,194,652	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,845,377	2,845,377	73.00
74.00	07400	RENAL DIALYSIS	0	198,837	198,837	-6,225	192,612	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	218,532	59,165	277,697	-31,209	246,488	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	24,378	183,396	207,774	-10,340	197,434	76.98

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 16-0117		Period: From 01/01/2017 To 12/31/2017		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
76.99	07699	LI THOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	782,086	568,752	1,350,838	685,477	2,036,315	90.00
91.00	09100	EMERGENCY	4,122,623	2,150,774	6,273,397	-888,051	5,385,346	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	15,211	15,211	-184	15,027	95.00
101.00	10100	HOME HEALTH AGENCY	1,842,630	2,375,954	4,218,584	-23,997	4,194,587	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		1,209,552	1,209,552	0	1,209,552	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	38,272,080	51,025,499	89,297,579	304,210	89,601,789	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	222,784	356,924	579,708	-2,784	576,924	194.00
194.01	07951	BUSINESS HEALTH	315,607	218,808	534,415	-6,738	527,677	194.01
194.02	07952	VITACARE	218,726	110,640	329,366	-329,345	21	194.02
194.03	07953	CASCADE CLINIC	1,294,248	1,100,641	2,394,889	-21,698	2,373,191	194.03
194.04	07954	ORTHOPEDIC CLINIC	1,453,064	1,052,165	2,505,229	0	2,505,229	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	32,658	27,059	59,717	0	59,717	194.06
194.07	07957	CONTRACT CLEANING	0	45	45	0	45	194.07
194.08	07958	DI MAINTENANCE	0	12	12	0	12	194.08
194.09	07959	RENTAL PROPERTY	0	256,076	256,076	102,025	358,101	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	35,454	35,454	0	35,454	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	81,943	81,943	0	81,943	194.11
194.12	07962	LIFESTYLES	76,953	29,134	106,087	-2,638	103,449	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	102	102	-924	-822	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	32,407	11,311	43,718	0	43,718	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	1,312,546	840,046	2,152,592	-10,598	2,141,994	194.19
194.20	07970	RETAIL PHARMACIES	409,333	1,012,583	1,421,916	-2,784	1,419,132	194.20
194.22	07972	PHYSICIAN CLINICS	2,987,293	2,330,352	5,317,645	-28,726	5,288,919	194.22
200.00		TOTAL (SUM OF LINES 118 through 199)	46,627,699	58,488,794	105,116,493	0	105,116,493	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet A
Date/Time Prepared:
5/24/2018 1:59 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	2,465,243	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,904,193	-1,904,193	4.00
5.01	00590	ADMINISTRATIVE & GENERAL	14,317,348	16,409,813	5.01
5.02	00591	REHAB ADMINISTRATION	0	229,395	5.02
5.03	00592	RADIOLOGY ADMINISTRATION	0	480,365	5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	0	404,969	5.04
5.05	00560	PURCHASING RECEIVING AND STORES	0	443,793	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	0	1,810,616	6.01
7.00	00700	OPERATION OF PLANT	-98	4,966,691	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	386,364	8.00
9.00	00900	HOUSEKEEPING	0	1,652,556	9.00
10.00	01000	DIETARY	-18,100	1,561,319	10.00
11.00	01100	CAFETERIA	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-6,835	3,285,571	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-841	523,105	14.00
15.00	01500	PHARMACY	-2,208	1,867,198	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-71,456	710,368	16.00
17.00	01700	SOCIAL SERVICE	0	785,188	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-413,050	6,699,825	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,428,490	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	-20	1,452,045	40.00
41.00	04100	SUBPROVIDER - I RF	-187,968	1,224,315	41.00
43.00	04300	NURSERY	0	1,271,202	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-5,714	7,144,079	50.00
51.00	05100	RECOVERY ROOM	0	2,224,434	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,325,243	52.00
53.00	05300	ANESTHESIOLOGY	-243,755	342,527	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-196	1,004,453	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	348,161	54.01
54.02	03630	ULTRA SOUND	0	359,085	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	-22,840	2,128,072	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	-150	322,608	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	370,475	58.00
60.00	06000	LABORATORY	-1,448,641	4,071,048	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	289,184	63.00
64.00	06400	INTRAVENOUS THERAPY	0	1,220,910	64.00
65.00	06500	RESPIRATORY THERAPY	3,500	697,679	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	224,317	65.01
66.00	06600	PHYSICAL THERAPY	-82,132	2,748,112	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	732,795	67.00
68.00	06800	SPEECH PATHOLOGY	0	449,397	68.00
69.00	06900	ELECTROCARDIOLOGY	0	160,290	69.00
69.01	03140	CARDIOLOGY	0	1,835,941	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-20,006	231,576	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	1,592,420	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	5,194,652	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,845,377	73.00
74.00	07400	RENAL DIALYSIS	0	192,612	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	90	246,578	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	197,434	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet A
Date/Time Prepared:
5/24/2018 1:59 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	-454,657	1,581,658	90.00
91.00	09100 EMERGENCY	-3,024,132	2,361,214	91.00
92.00	09200 OBSERVATION BEDS			92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	15,027	95.00
101.00	10100 HOME HEALTH AGENCY	-80,642	4,113,945	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE	-1,209,552	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	5,123,752	94,725,541	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950 MARKETING	0	576,924	194.00
194.01	07951 BUSINESS HEALTH	0	527,677	194.01
194.02	07952 VITACARE	0	21	194.02
194.03	07953 CASCADE CLINIC	0	2,373,191	194.03
194.04	07954 ORTHOPEDIC CLINIC	0	2,505,229	194.04
194.05	07955 ENT CLINIC	0	0	194.05
194.06	07956 RSVP	0	59,717	194.06
194.07	07957 CONTRACT CLEANING	0	45	194.07
194.08	07958 DIM MAINTENANCE	0	12	194.08
194.09	07959 RENTAL PROPERTY	0	358,101	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	0	35,454	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	0	81,943	194.11
194.12	07962 LIFESTYLES	0	103,449	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	194.13
194.14	07964 FOUNDATION	0	-822	194.14
194.15	07965 PHYSICIAN BILLING	280,424	280,424	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	194.16
194.17	07967 NONREIMBURSABLE	0	0	194.17
194.18	07968 CONTRACTED ULTRASOUND	0	43,718	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	0	2,141,994	194.19
194.20	07970 RETAIL PHARMACIES	0	1,419,132	194.20
194.22	07972 PHYSICIAN CLINICS	0	5,288,919	194.22
200.00	TOTAL (SUM OF LINES 118 through 199)	5,404,176	110,520,669	200.00

RECLASSIFICATIONS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-6

Date/Time Prepared:
5/24/2018 1:59 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - SAME DAY ICU RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	120,189	51,322	1.00
	0		120,189	51,322	
B - DRUGS RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,845,377	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
	0		0	2,845,377	
C - LAUNDRY RECLASS					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	386,364	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
	0		0	386,364	
D - CHAPLAIN RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.01	37,637	0	1.00
	0		37,637	0	
E - PROPERTY FOR FUTURE RECLASS					
1.00	RENTAL PROPERTY	194.09	0	102,025	1.00
	0		0	102,025	

RECLASSIFICATIONS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-6

Date/Time Prepared:
5/24/2018 1:59 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
F - PHYSICIAN BILLING					
1.00	PHYSICIAN BILLING	194.15	142,077	138,347	1.00
	0		142,077	138,347	
H - MEDICAL SUPPLIES CHRGD TO PATIENTS					
1.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0	1,592,420	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
	0		0	1,592,420	
I - IMPLANTABLE SUPPLIES RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	5,194,652	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
	0		0	5,194,652	
J - CC MAPPING RECLASS					
1.00	PHYSICAL THERAPY	66.00	218,726	103,708	1.00
3.00	CLINIC	90.00	362,683	155,909	3.00
4.00	CARDIOLOGY	69.01	182,094	67,966	4.00
5.00	RECOVERY ROOM	51.00	114,568	91,157	5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	963,328	361,891	6.00
7.00	CARDIOLOGY	69.01	9,271	2,509	7.00
8.00	NURSERY	43.00	583,488	219,197	8.00
9.00	OPERATING ROOM	50.00	19,484	32,467	9.00
10.00	PULMONARY FUNCTION TESTING	65.01	145,953	78,364	10.00
11.00	INTRAVENOUS THERAPY	64.00	438,596	240,936	11.00
12.00	OCCUPATIONAL THERAPY	67.00	172,937	49,229	12.00
13.00	ELECTROCARDIOLOGY	69.00	20,573	16,369	13.00
14.00	ADULTS & PEDIATRICS	30.00	162,300	65,597	14.00
15.00	ADULTS & PEDIATRICS	30.00	248,689	97,208	15.00
16.00	RESPIRATORY THERAPY	65.00	22,555	5,813	16.00
17.00	ADULTS & PEDIATRICS	30.00	147,711	59,700	17.00
18.00	CLINIC	90.00	66,258	72,592	18.00
19.00	RECOVERY ROOM	51.00	159,646	60,789	19.00
20.00	SPEECH PATHOLOGY	68.00	60,980	17,359	20.00
21.00	OCCUPATIONAL THERAPY	67.00	50,562	20,791	21.00
22.00	OPERATING ROOM	50.00	18,267	8,309	22.00
23.00	INTRAVENOUS THERAPY	64.00	168,990	66,055	23.00
24.00	ADULTS & PEDIATRICS	30.00	125,715	47,869	24.00
25.00	SPEECH PATHOLOGY	68.00	41,548	17,084	25.00
26.00	INTRAVENOUS THERAPY	64.00	108,075	41,152	26.00
27.00	CLINIC	90.00	1,938	28,541	27.00
28.00	INTRAVENOUS THERAPY	64.00	58,555	23,666	28.00
29.00	OPERATING ROOM	50.00	17,972	11,511	29.00
30.00	ELECTROCARDIOLOGY	69.00	64,343	35,346	30.00
31.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	182,006	31.00
32.00	CLINIC	90.00	68,130	25,594	32.00
33.00	SPEECH PATHOLOGY	68.00	56,769	21,326	33.00
34.00	RADIOLOGY-DIAGNOSTIC	54.00	11,313	25,441	34.00
35.00	OPERATING ROOM	50.00	3,280	1,224	35.00
36.00	LABORATORY	60.00	12,693	6,815	36.00
37.00	RECOVERY ROOM	51.00	48,026	18,772	37.00

RECLASSIFICATIONS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-6

Date/Time Prepared:
5/24/2018 1:59 pm

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
38.00	BLOOD STORING, PROCESSING & TRANS.	63.00	35,395	13,477	38.00
39.00	CLINIC	90.00	0	3,596	39.00
40.00	LABORATORY	60.00	419	3,035	40.00
41.00	RECOVERY ROOM	51.00	38,666	14,526	41.00
42.00	ULTRA SOUND	54.02	12,464	5,192	42.00
43.00	BLOOD STORING, PROCESSING & TRANS.	63.00	37,005	14,465	43.00
44.00	OPERATING ROOM	50.00	2,622	2,086	44.00
45.00	INTRAVENOUS THERAPY	64.00	2,275	1,810	45.00
46.00	INTRAVENOUS THERAPY	64.00	28,337	10,645	46.00
47.00	BLOOD STORING, PROCESSING & TRANS.	63.00	4,781	2,055	47.00
48.00	RECOVERY ROOM	51.00	18,480	7,469	48.00
49.00	RECOVERY ROOM	51.00	4,773	2,052	49.00
50.00	CLINIC	90.00	11,976	12,847	50.00
51.00	CLINIC	90.00	2,850	1,296	51.00
52.00	CLINIC	90.00	6,393	3,433	52.00
0			5,162,452	2,478,246	
K - IT CHARGES					
1.00	ADMINISTRATIVE & GENERAL	5.01	0	289,880	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
0			0	289,880	
500.00	Grand Total: Increases		5,462,355	13,078,633	500.00

RECLASSIFICATIONS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-6
Date/Time Prepared:
5/24/2018 1:59 pm

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - SAME DAY ICU RECLASS							
1.00	INTENSIVE CARE UNIT	31.00	120,189	51,322	0		1.00
	O		120,189	51,322			
B - DRUGS RECLASS							
1.00	MAINTENANCE & REPAIRS	6.01	0	26	0		1.00
2.00	DIETARY	10.00	0	4,645	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	153	0		3.00
4.00	PHARMACY	15.00	0	2,649,016	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	21,358	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	4,465	0		6.00
7.00	SUBPROVIDER - IPF	40.00	0	47	0		7.00
8.00	SUBPROVIDER - IRF	41.00	0	447	0		8.00
9.00	OPERATING ROOM	50.00	0	42,851	0		9.00
10.00	RECOVERY ROOM	51.00	0	5,285	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	64,881	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	994	0		12.00
13.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.01	0	836	0		13.00
14.00	ULTRA SOUND	54.02	0	624	0		14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,920	0		15.00
16.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	1,370	0		16.00
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	216	0		17.00
18.00	LABORATORY	60.00	0	39	0		18.00
19.00	INTRAVENOUS THERAPY	64.00	0	3,916	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	1,359	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	692	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	64	0		22.00
23.00	CARDIOLOGY	69.01	0	1,568	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	100	0		24.00
25.00	RENAL DIALYSIS	74.00	0	1,781	0		25.00
26.00	CLINIC	90.00	0	20,354	0		26.00
27.00	EMERGENCY	91.00	0	15,275	0		27.00
28.00	HOME HEALTH AGENCY	101.00	0	95	0		28.00
	O		0	2,845,377			
C - LAUNDRY RECLASS							
1.00	NURSING ADMINISTRATION	13.00	0	918	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	18,505	0		2.00
3.00	PHARMACY	15.00	0	1,177	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	102,840	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	19,733	0		5.00
6.00	SUBPROVIDER - IPF	40.00	0	5,560	0		6.00
7.00	SUBPROVIDER - IRF	41.00	0	8,735	0		7.00
8.00	NURSERY	43.00	0	1,142	0		8.00
9.00	OPERATING ROOM	50.00	0	41,099	0		9.00
10.00	RECOVERY ROOM	51.00	0	30,084	0		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	4,188	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	19,879	0		12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	12,007	0		13.00
14.00	LABORATORY	60.00	0	181	0		14.00
15.00	INTRAVENOUS THERAPY	64.00	0	3,981	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	22	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	20,549	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	946	0		18.00
19.00	CARDIOLOGY	69.01	0	8,265	0		19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,675	0		20.00
21.00	RENAL DIALYSIS	74.00	0	380	0		21.00
22.00	CARDIAC REHABILITATION	76.97	0	57	0		22.00
23.00	HYPERBARIC OXYGEN THERAPY	76.98	0	1,724	0		23.00
24.00	CLINIC	90.00	0	37	0		24.00
25.00	EMERGENCY	91.00	0	57,085	0		25.00
26.00	AMBULANCE SERVICES	95.00	0	184	0		26.00
27.00	BUSINESS HEALTH	194.01	0	2,574	0		27.00
28.00	VITACARE	194.02	0	5,519	0		28.00
29.00	CASCADE CLINIC	194.03	0	7,322	0		29.00
30.00	LIFESTYLES	194.12	0	1,246	0		30.00
31.00	CARDIO SPECIALTY CARE CLINIC	194.19	0	406	0		31.00
32.00	PHYSICIAN CLINICS	194.22	0	8,344	0		32.00
	O		0	386,364			
D - CHAPLAIN RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.01	37,637	0	0		1.00
	O		37,637	0	0		

RECLASSIFICATIONS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-6

Date/Time Prepared:
5/24/2018 1:59 pm

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
E - PROPERTY FOR FUTURE RECLASS							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	102,025	9	1.00	
	O		0	102,025			
F - PHYSICIAN BILLING							
1.00	PHYSICIAN BILLING	194.15	142,077	138,347	0	1.00	
	O		142,077	138,347			
H - MEDICAL SUPPLIES CHRGD TO PATIENTS							
1.00	PHARMACY	15.00	0	76	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	15,499	0	2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	6,038	0	3.00	
4.00	SUBPROVIDER - IPF	40.00	0	15	0	4.00	
5.00	SUBPROVIDER - IRF	41.00	0	271	0	5.00	
6.00	OPERATING ROOM	50.00	0	1,082,571	0	6.00	
7.00	RECOVERY ROOM	51.00	0	4,199	0	7.00	
8.00	ANESTHESIOLOGY	53.00	0	408	0	8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,127	0	9.00	
10.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.01	0	183,491	0	10.00	
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,742	0	11.00	
12.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	37,873	0	12.00	
13.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	27,591	0	13.00	
14.00	INTRAVENOUS THERAPY	64.00	0	37,753	0	14.00	
15.00	RESPIRATORY THERAPY	65.00	0	65,993	0	15.00	
16.00	ELECTROCARDIOLOGY	69.00	0	32	0	16.00	
17.00	CARDIOLOGY	69.01	0	97,438	0	17.00	
18.00	CLINIC	90.00	0	2	0	18.00	
19.00	EMERGENCY	91.00	0	24,301	0	19.00	
	O		0	1,592,420			
I - IMPLANTABLE SUPPLIES RECLASS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,210	0	1.00	
2.00	OPERATING ROOM	50.00	0	4,099,812	0	2.00	
3.00	INTRAVENOUS THERAPY	64.00	0	5,850	0	3.00	
4.00	CARDIOLOGY	69.01	0	984,451	0	4.00	
5.00	HYPERBARIC OXYGEN THERAPY	76.98	0	5,162	0	5.00	
6.00	CLINIC	90.00	0	98,046	0	6.00	
7.00	EMERGENCY	91.00	0	121	0	7.00	
	O		0	5,194,652			
J - CC MAPPING RECLASS							
1.00	VITACARE	194.02	218,726	103,708	0	1.00	
3.00	INTRAVENOUS THERAPY	64.00	362,683	155,909	0	3.00	
4.00	ELECTROCARDIOLOGY	69.00	182,094	67,966	0	4.00	
5.00	CARDIOLOGY	69.01	114,568	91,157	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00	963,328	361,891	0	6.00	
7.00	CLINIC	90.00	9,271	2,509	0	7.00	
8.00	ADULTS & PEDIATRICS	30.00	583,488	219,197	0	8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	19,484	32,467	0	9.00	
10.00	RESPIRATORY THERAPY	65.00	145,953	78,364	0	10.00	
11.00	EMERGENCY	91.00	438,596	240,936	0	11.00	
12.00	PHYSICAL THERAPY	66.00	172,937	49,229	0	12.00	
13.00	CARDIOLOGY	69.01	20,573	16,369	0	13.00	
14.00	INTENSIVE CARE UNIT	31.00	162,300	65,597	0	14.00	
15.00	ADULTS & PEDIATRICS	30.00	248,689	97,208	0	15.00	
16.00	CARDIAC REHABILITATION	76.97	22,555	5,813	0	16.00	
17.00	INTENSIVE CARE UNIT	31.00	147,711	59,700	0	17.00	
18.00	SUBPROVIDER - IPF	40.00	66,258	72,592	0	18.00	
19.00	ADULTS & PEDIATRICS	30.00	159,646	60,789	0	19.00	
20.00	PHYSICAL THERAPY	66.00	60,980	17,359	0	20.00	
21.00	PHYSICAL THERAPY	66.00	50,562	20,791	0	21.00	
22.00	ULTRA SOUND	54.02	18,267	8,309	0	22.00	
23.00	ADULTS & PEDIATRICS	30.00	168,990	66,055	0	23.00	
24.00	ADULTS & PEDIATRICS	30.00	125,715	47,869	0	24.00	
25.00	PHYSICAL THERAPY	66.00	41,548	17,084	0	25.00	
26.00	ADULTS & PEDIATRICS	30.00	108,075	41,152	0	26.00	
27.00	ANESTHESIOLOGY	53.00	1,938	28,541	0	27.00	
28.00	INTENSIVE CARE UNIT	31.00	58,555	23,666	0	28.00	
29.00	RADIOLOGY-DIAGNOSTIC	54.00	17,972	11,511	0	29.00	
30.00	EMERGENCY	91.00	64,343	35,346	0	30.00	
31.00	LABORATORY	60.00	0	182,006	0	31.00	
32.00	ADULTS & PEDIATRICS	30.00	68,130	25,594	0	32.00	
33.00	ADULTS & PEDIATRICS	30.00	56,769	21,326	0	33.00	
34.00	CARDIOLOGY	69.01	11,313	25,441	0	34.00	

RECLASSIFICATIONS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-6
Date/Time Prepared:
5/24/2018 1:59 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
35.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.01	3,280	1,224	0	35.00	
36.00	RESPIRATORY THERAPY	65.00	12,693	6,815	0	36.00	
37.00	ADULTS & PEDIATRICS	30.00	48,026	18,772	0	37.00	
38.00	ADULTS & PEDIATRICS	30.00	35,395	13,477	0	38.00	
39.00	RENAL DIALYSIS	74.00	0	3,596	0	39.00	
40.00	HYPERBARIC OXYGEN THERAPY	76.98	419	3,035	0	40.00	
41.00	ADULTS & PEDIATRICS	30.00	38,666	14,526	0	41.00	
42.00	RECOVERY ROOM	51.00	12,464	5,192	0	42.00	
43.00	ADULTS & PEDIATRICS	30.00	37,005	14,465	0	43.00	
44.00	CARDIOLOGY	69.01	2,622	2,086	0	44.00	
45.00	CARDIOLOGY	69.01	2,275	1,810	0	45.00	
46.00	ADULTS & PEDIATRICS	30.00	28,337	10,645	0	46.00	
47.00	INTRAVENOUS THERAPY	64.00	4,781	2,055	0	47.00	
48.00	INTENSIVE CARE UNIT	31.00	18,480	7,469	0	48.00	
49.00	INTRAVENOUS THERAPY	64.00	4,773	2,052	0	49.00	
50.00	RADIOLOGY-THERAPEUTIC	55.00	11,976	12,847	0	50.00	
51.00	ULTRA SOUND	54.02	2,850	1,296	0	51.00	
52.00	RESPIRATORY THERAPY	65.00	6,393	3,433	0	52.00	
0			5,162,452	2,478,246			
K - IT CHARGES							
1.00	REHAB ADMINISTRATION	5.02	0	468	0	1.00	
2.00	RADIOLOGY ADMINISTRATION	5.03	0	4,164	0	2.00	
3.00	OCCUPATIONAL HEALTH ADMINISTRATION	5.04	0	468	0	3.00	
4.00	PURCHASING RECEIVING AND STORES	5.05	0	468	0	4.00	
5.00	OPERATION OF PLANT	7.00	0	4,632	0	5.00	
6.00	HOUSEKEEPING	9.00	0	924	0	6.00	
7.00	DIETARY	10.00	0	5,100	0	7.00	
8.00	NURSING ADMINISTRATION	13.00	0	19,008	0	8.00	
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,240	0	9.00	
10.00	PHARMACY	15.00	0	4,164	0	10.00	
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	7,416	0	11.00	
12.00	SOCIAL SERVICE	17.00	0	1,848	0	12.00	
13.00	ADULTS & PEDIATRICS	30.00	0	34,764	0	13.00	
14.00	INTENSIVE CARE UNIT	31.00	0	4,632	0	14.00	
15.00	SUBPROVIDER - IPF	40.00	0	3,708	0	15.00	
16.00	SUBPROVIDER - IRF	41.00	0	3,708	0	16.00	
17.00	OPERATING ROOM	50.00	0	23,160	0	17.00	
18.00	RECOVERY ROOM	51.00	0	5,556	0	18.00	
19.00	ANESTHESIOLOGY	53.00	0	468	0	19.00	
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,024	0	20.00	
21.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.01	0	468	0	21.00	
22.00	ULTRA SOUND	54.02	0	924	0	22.00	
23.00	RADIOLOGY-THERAPEUTIC	55.00	0	10,656	0	23.00	
24.00	LABORATORY	60.00	0	924	0	24.00	
25.00	INTRAVENOUS THERAPY	64.00	0	6,024	0	25.00	
26.00	RESPIRATORY THERAPY	65.00	0	2,316	0	26.00	
27.00	PHYSICAL THERAPY	66.00	0	16,680	0	27.00	
28.00	OCCUPATIONAL THERAPY	67.00	0	1,848	0	28.00	
29.00	SPEECH PATHOLOGY	68.00	0	1,848	0	29.00	
30.00	ELECTROCARDIOLOGY	69.00	0	468	0	30.00	
31.00	CARDIOLOGY	69.01	0	7,404	0	31.00	
32.00	RENAL DIALYSIS	74.00	0	468	0	32.00	
33.00	CARDIAC REHABILITATION	76.97	0	2,784	0	33.00	
34.00	CLINIC	90.00	0	8,340	0	34.00	
35.00	EMERGENCY	91.00	0	12,048	0	35.00	
36.00	HOME HEALTH AGENCY	101.00	0	23,902	0	36.00	
37.00	MARKETING	194.00	0	2,784	0	37.00	
38.00	BUSINESS HEALTH	194.01	0	4,164	0	38.00	
39.00	VI TACARE	194.02	0	1,392	0	39.00	
40.00	CASCADE CLINIC	194.03	0	14,376	0	40.00	
41.00	LIFESTYLES	194.12	0	1,392	0	41.00	
42.00	FOUNDATION	194.14	0	924	0	42.00	
43.00	CARDIO SPECIALTY CARE CLINIC	194.19	0	10,192	0	43.00	
44.00	RETAIL PHARMACIES	194.20	0	2,784	0	44.00	
45.00	PHYSICIAN CLINICS	194.22	0	20,382	0	45.00	
46.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	468	0	46.00	
0			0	289,880			
500.00	Grand Total: Decreases		5,462,355	13,078,633		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-7
Part I
Date/Time Prepared:
5/24/2018 1:59 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	6,140,303	0	0	0	0	1.00
2.00	Land Improvements	7,158,724	56,463	0	56,463	0	2.00
3.00	Buildings and Fixtures	92,900,903	12,084,507	0	12,084,507	8,665,303	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	9,944,287	2,582,919	0	2,582,919	0	5.00
6.00	Movable Equipment	57,862,433	19,759,112	0	19,759,112	19,236,870	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	174,006,650	34,483,001	0	34,483,001	27,902,173	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	174,006,650	34,483,001	0	34,483,001	27,902,173	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	6,140,303	0				1.00
2.00	Land Improvements	7,215,187	0				2.00
3.00	Buildings and Fixtures	96,320,107	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	12,527,206	0				5.00
6.00	Movable Equipment	58,384,675	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	180,587,478	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	180,587,478	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-7
Part II
Date/Time Prepared:
5/24/2018 1:59 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	2,567,268	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,567,268	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	2,567,268				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	2,567,268				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-7
Part III
Date/Time Prepared:
5/24/2018 1:59 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	96,320,107	0	96,320,107	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	96,320,107	0	96,320,107	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,465,243	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	2,465,243	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	2,465,243	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	2,465,243	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-8

Date/Time Prepared:
5/24/2018 1:59 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00		3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)	B	-1,180,280		INTEREST EXPENSE	113.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	0	7.00
8.00 Television and radio service (chapter 21)		0			0.00	0	8.00
9.00 Parking lot (chapter 21)		0			0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-4,349,091				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	11,156,668				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests		0			0.00	0	14.00
15.00 Rental of quarters to employee and others		0			0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0	16.00
17.00 Sale of drugs to other than patients		0			0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-71,456		MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00 Vending machines		0			0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0		RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0		PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0		*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0		CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0		CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0		NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant		0			0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0		OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0		ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0		SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00 NURSING ADMINISTRATION REVENUE	B	-6,835		NURSING ADMINISTRATION	13.00	0	33.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
			Cost Center				
			3.00	4.00			
33.01	B	-5,714	OPERATING ROOM	50.00		0	33.01
33.02	B	-18,100	DIETARY	10.00		0	33.02
33.03	B	-2,208	PHARMACY	15.00		0	33.03
33.04	B	-81,642	PHYSICAL THERAPY	66.00		0	33.04
33.05	B	90	CARDIAC REHABILITATION	76.97		0	33.05
33.06	B	-23,999	CLINIC	90.00		0	33.06
33.07	B	-900	RADIOLOGY-THERAPEUTIC	55.00		0	33.07
33.08	B	-20	SUBPROVIDER - IPF	40.00		0	33.08
33.09	B	-2,492	ADMINISTRATIVE & GENERAL	5.01		0	33.09
33.10	B	-98	OPERATION OF PLANT	7.00		0	33.10
33.11	B	-6,850	ADULTS & PEDIATRICS	30.00		11	33.11
33.12	B	204	EMERGENCY	91.00		0	33.12
34.00	B	223,106	HOME HEALTH AGENCY	101.00		0	34.00
35.00	B	-841	CENTRAL SERVICES & SUPPLY	14.00		0	35.00
35.01		0		0.00		0	35.01
35.02		0		0.00		0	35.02
35.03		0		0.00		0	35.03
35.04		0		0.00		0	35.04
35.05		0		0.00		0	35.05
35.06		0		0.00		0	35.06
35.07		0		0.00		0	35.07
35.08		0		0.00		0	35.08
35.09		0		0.00		0	35.09
35.10		0		0.00		0	35.10
36.00		0		0.00		0	36.00
38.00		0		0.00		0	38.00
39.00	A	280,424	PHYSICIAN BILLING	194.15		0	39.00
40.00	A	37,637	ADMINISTRATIVE & GENERAL	5.01		0	40.00
41.00		0		0.00		0	41.00
41.01		0		0.00		0	41.01
41.02		0		0.00		0	41.02
41.03		0		0.00		0	41.03
41.04		0		0.00		0	41.04
41.05		0		0.00		0	41.05
41.06		0		0.00		0	41.06
41.07		0		0.00		0	41.07
41.08		0		0.00		0	41.08
41.09		0		0.00		0	41.09
41.10		0		0.00		0	41.10
41.11		0		0.00		0	41.11
41.12		0		0.00		0	41.12
41.13		0		0.00		0	41.13
41.14		0		0.00		0	41.14

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00		3.00	4.00
41.15 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	41.15
41.16 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	41.16
41.17 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	41.17
41.18 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	41.18
41.19 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	41.19
41.20 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	41.20
41.21 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	41.21
41.22 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	41.22
41.23 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	41.23
41.24 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	41.24
41.25 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	41.25
41.26 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	41.26
41.27 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	41.27
41.28 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	41.28
41.29 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	41.29
41.30 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	41.30
41.31 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	41.31
41.32 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	41.32
41.33 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	41.33
41.34 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	41.34
41.35 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	41.35
41.36 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	41.36
41.37 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	41.37
41.38 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	41.38
41.39 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	41.39
41.40 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	41.40
41.41 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	41.41
41.42 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	41.42
41.43 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	41.43
41.44 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	41.44
41.45 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	41.45
41.46 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	41.46
41.47 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	41.47
41.48 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	41.48
41.49 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	41.49

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00			3.00
41.50 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	41.50
41.51 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	41.51
41.52 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	41.52
41.53 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	41.53
41.54 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	41.54
41.55 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	41.55
42.00 OFFSET PROVIDER TAX ASSESSMENT	A	-543,427	ADMINISTRATIVE & GENERAL		5.01	0	42.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		5,404,176					50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS
 Provider CCN: 16-0117
 Period: From 01/01/2017 To 12/31/2017
 Worksheet A-8-1
 Date/Time Prepared: 5/24/2018 1:59 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	FINLEY TRI -STATES ALLOCATION	-1,904,193	0
2.00	5.01	ADMINISTRATIVE & GENERAL	FINLEY TRI -STATES ALLOCATION	14,482,931	-342,699
3.00	113.00	INTEREST EXPENSE	FINLEY TRI -STATES ALLOCATION	938,210	967,482
4.00	101.00	HOME HEALTH AGENCY	FINLEY TRI -STATES ALLOCATION	1,114,520	1,418,268
4.01	60.00	LABORATORY	PURCHASED LAB	5,095,558	6,527,307
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			19,727,026	8,570,358

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	B	IOWA HEALTH SYS	100.00	HOME OFFICE	100.00	6.00
7.00	C		0.00	UNITED CLINICAL	100.00	7.00
8.00	B	FINLEY TRI STATE	100.00	HOME OFFICE	100.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-8-1

Date/Time Prepared:
5/24/2018 1:59 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-1,904,193	0		1.00
2.00	14,825,630	0		2.00
3.00	-29,272	0		3.00
4.00	-303,748	0		4.00
4.01	-1,431,749	0		4.01
5.00	11,156,668			5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Related Organization(s) and/or Home Office	Type of Business	
	6.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:		

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	HEALTHCARE		6.00
7.00	LAB SERVICE		7.00
8.00	HEALTHCARE		8.00
9.00			9.00
10.00			10.00
100.00			100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-8-2

Date/Time Prepared:
5/24/2018 1:59 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	429,892	401,992	27,900	211,500	233	1.00
2.00	41.00	AGGREGATE-SUBPROVIDER - IRF	187,968	187,968	0	211,500	0	2.00
3.00	53.00	AGGREGATE-ANESTHESIOLOGY	243,755	243,755	0	239,400	0	3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	196	196	0	271,900	0	4.00
5.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	38,672	10,000	28,672	271,900	128	5.00
6.00	57.00	AGGREGATE-COMPUTED TOMOGRAPHY (CT) S	150	150	0	271,900	0	6.00
7.00	60.00	AGGREGATE-LABORATORY	16,892	16,892	0	260,300	0	7.00
8.00	65.00	AGGREGATE-RESPIRATORY THERAPY	-3,500	-3,500	0	211,500	0	8.00
9.00	66.00	AGGREGATE-PHYSICAL THERAPY	490	490	0	211,500	0	9.00
10.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	23,870	17,170	6,700	211,500	38	10.00
11.00	90.00	AGGREGATE-CLINIC	433,810	429,616	4,194	211,500	31	11.00
12.00	91.00	AGGREGATE-EMERGENCY	3,024,743	3,021,943	2,800	211,500	4	12.00
200.00			4,396,938	4,326,672	70,266		434	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	23,692	1,185	0	0	0	1.00
2.00	41.00	AGGREGATE-SUBPROVIDER - IRF	0	0	0	0	0	2.00
3.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	16,732	837	0	0	0	5.00
6.00	57.00	AGGREGATE-COMPUTED TOMOGRAPHY (CT) S	0	0	0	0	0	6.00
7.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	7.00
8.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	0	0	8.00
9.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	0	0	0	0	9.00
10.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	3,864	193	0	0	0	10.00
11.00	90.00	AGGREGATE-CLINIC	3,152	158	0	0	0	11.00
12.00	91.00	AGGREGATE-EMERGENCY	407	20	0	0	0	12.00
200.00			47,847	2,393	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	23,692	4,208	406,200		1.00
2.00	41.00	AGGREGATE-SUBPROVIDER - IRF	0	0	0	187,968		2.00
3.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	243,755		3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	196		4.00
5.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	16,732	11,940	21,940		5.00
6.00	57.00	AGGREGATE-COMPUTED TOMOGRAPHY (CT) S	0	0	0	150		6.00
7.00	60.00	AGGREGATE-LABORATORY	0	0	0	16,892		7.00
8.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	-3,500		8.00
9.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	0	0	490		9.00
10.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	3,864	2,836	20,006		10.00
11.00	90.00	AGGREGATE-CLINIC	0	3,152	1,042	430,658		11.00
12.00	91.00	AGGREGATE-EMERGENCY	0	407	2,393	3,024,336		12.00
200.00			0	47,847	22,419	4,349,091		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part I
Date/Time Prepared:
5/24/2018 1:59 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	2,465,243	2,465,243			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	-1,904,193	0	0	-1,904,193	4.00
5.01 00590	ADMINISTRATIVE & GENERAL	16,409,813	6,335	0	0	16,416,148
5.02 00591	REHAB ADMINISTRATION	229,395	0	0	0	229,395
5.03 00592	RADIOLOGY ADMINISTRATION	480,365	0	0	0	480,365
5.04 00593	OCCUPATIONAL HEALTH ADMINISTRATION	404,969	0	0	0	404,969
5.05 00560	PURCHASING RECEIVING AND STORES	443,793	0	0	0	443,793
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
6.01 00601	MAINTENANCE & REPAIRS	1,810,616	7,416	0	0	1,818,032
7.00 00700	OPERATION OF PLANT	4,966,691	0	0	0	4,966,691
8.00 00800	LAUNDRY & LINEN SERVICE	386,364	0	0	0	386,364
9.00 00900	HOUSEKEEPING	1,652,556	22,127	0	0	1,674,683
10.00 01000	DIETARY	1,561,319	0	0	0	1,561,319
11.00 01100	CAFETERIA	0	0	0	0	0
11.01 01101	EMPLOYEE CAFETERIA	0	0	0	0	0
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	3,285,571	56,351	0	0	3,341,922
14.00 01400	CENTRAL SERVICES & SUPPLY	523,105	29,972	0	0	553,077
15.00 01500	PHARMACY	1,867,198	31,397	0	0	1,898,595
16.00 01600	MEDICAL RECORDS & LIBRARY	710,368	21,590	0	0	731,958
17.00 01700	SOCIAL SERVICE	785,188	18,068	0	0	803,256
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00 02300	PARAMEDICAL ED PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	6,699,825	258,137	0	0	6,957,962
31.00 03100	INTENSIVE CARE UNIT	1,428,490	36,343	0	0	1,464,833
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01 03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.02 03301	NURSING ADMINISTRATION	0	0	0	0	0
33.03 03303	GEROPSYCH REVENUE	0	0	0	0	0
33.04 03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.05 03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - I PF	1,452,045	48,298	0	0	1,500,343
41.00 04100	SUBPROVIDER - I RF	1,224,315	94,899	0	0	1,319,214
43.00 04300	NURSERY	1,271,202	36,894	0	0	1,308,096
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	7,144,079	240,622	0	0	7,384,701
51.00 05100	RECOVERY ROOM	2,224,434	142,030	0	0	2,366,464
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,325,243	50,202	0	0	1,375,445
53.00 05300	ANESTHESIOLOGY	342,527	1,833	0	0	344,360
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,004,453	98,614	0	0	1,103,067
54.01 03450	NUCLEAR MEDICINE - DIAGNOSTIC	348,161	4,746	0	0	352,907
54.02 03630	ULTRA SOUND	359,085	1,346	0	0	360,431
55.00 05500	RADIOLOGY-THERAPEUTIC	2,128,072	101,334	0	0	2,229,406
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	322,608	5,455	0	0	328,063
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	370,475	7,502	0	0	377,977
60.00 06000	LABORATORY	4,071,048	33,337	0	0	4,104,385
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	289,184	6,686	0	0	295,870
64.00 06400	INTRAVENOUS THERAPY	1,220,910	50,080	0	0	1,270,990
65.00 06500	RESPIRATORY THERAPY	697,679	15,240	0	0	712,919
65.01 03560	PULMONARY FUNCTION TESTING	224,317	4,402	0	0	228,719
66.00 06600	PHYSICAL THERAPY	2,748,112	128,651	0	0	2,876,763
67.00 06700	OCCUPATIONAL THERAPY	732,795	14,954	0	0	747,749
68.00 06800	SPEECH PATHOLOGY	449,397	11,962	0	0	461,359
69.00 06900	ELECTROCARDIOLOGY	160,290	7,838	0	0	168,128
69.01 03140	CARDIOLOGY	1,835,941	78,635	0	0	1,914,576
70.00 07000	ELECTROENCEPHALOGRAPHY	231,576	6,944	0	0	238,520
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	1,592,420	0	0	0	1,592,420
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	5,194,652	0	0	0	5,194,652
73.00 07300	DRUGS CHARGED TO PATIENTS	2,845,377	0	0	0	2,845,377
74.00 07400	RENAL DIALYSIS	192,612	7,731	0	0	200,343
76.00 03320	ELECTROSHOCK THERAPY	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part I
Date/Time Prepared:
5/24/2018 1:59 pm

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
76.97	07697 CARDIAC REHABILITATION	246,578	18,812	0	0	265,390	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	197,434	4,775	0	0	202,209	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,581,658	123,640	0	0	1,705,298	90.00
91.00	09100 EMERGENCY	2,361,214	74,726	0	0	2,435,940	91.00
92.00	09200 OBSERVATION BEDS					0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	15,027	0	0	0	15,027	95.00
101.00	10100 HOME HEALTH AGENCY	4,113,945	55,707	0	0	4,169,652	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	94,725,541	1,965,631	0	0	96,130,122	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 MARKETING	576,924	24,568	0	0	601,492	194.00
194.01	07951 BUSINESS HEALTH	527,677	24,245	0	0	551,922	194.01
194.02	07952 VI TACARE	21	0	0	0	21	194.02
194.03	07953 CASCADE CLINIC	2,373,191	91,341	0	0	2,464,532	194.03
194.04	07954 ORTHOPEDIC CLINIC	2,505,229	99,172	0	0	2,604,401	194.04
194.05	07955 ENT CLINIC	0	0	0	0	0	194.05
194.06	07956 RSVP	59,717	6,772	0	0	66,489	194.06
194.07	07957 CONTRACT CLEANING	45	0	0	0	45	194.07
194.08	07958 DIM MAINTENANCE	12	0	0	0	12	194.08
194.09	07959 RENTAL PROPERTY	358,101	15,269	0	0	373,370	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	35,454	75,614	0	0	111,068	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	81,943	0	0	0	81,943	194.11
194.12	07962 LIFESTYLES	103,449	0	0	0	103,449	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964 FOUNDATION	-822	0	0	0	-822	194.14
194.15	07965 PHYSICIAN BILLING	280,424	0	0	0	280,424	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968 CONTRACTED ULTRASOUND	43,718	0	0	0	43,718	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	2,141,994	0	0	0	2,141,994	194.19
194.20	07970 RETAIL PHARMACIES	1,419,132	10,938	0	0	1,430,070	194.20
194.22	07972 PHYSICIAN CLINICS	5,288,919	151,693	0	0	5,440,612	194.22
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers		0	0	-1,904,193	-1,904,193	201.00
202.00	TOTAL (sum lines 118 through 201)	110,520,669	2,465,243	0	-1,904,193	110,520,669	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part I
Date/Time Prepared:
5/24/2018 1:59 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	REHAB ADMINISTRATION	RADIOLOGY ADMINISTRATION	Subtotal	OCCUPATIONAL HEALTH ADMINISTRATION	
			5.01	5.02	5.03	5A.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL	16,416,148					5.01
5.02	00591	REHAB ADMINISTRATION	39,223	268,618				5.02
5.03	00592	RADIOLOGY ADMINISTRATION	82,135	0	562,500			5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	69,244	0	0	474,213	474,213	5.04
5.05	00560	PURCHASING RECEIVING AND STORES	75,882	0	0	519,675	2,201	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	310,856	0	0	2,128,888	9,018	6.01
7.00	00700	OPERATION OF PLANT	849,230	0	0	5,815,921	24,636	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	66,062	0	0	452,426	1,916	8.00
9.00	00900	HOUSEKEEPING	286,346	0	0	1,961,029	8,307	9.00
10.00	01000	DIETARY	266,962	0	0	1,828,281	7,745	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	571,419	0	0	3,913,341	16,577	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	94,568	0	0	647,645	2,743	14.00
15.00	01500	PHARMACY	324,631	0	0	2,223,226	9,418	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	125,154	0	0	857,112	3,631	16.00
17.00	01700	SOCIAL SERVICE	137,345	0	0	940,601	3,984	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,189,707	0	0	8,147,669	34,514	30.00
31.00	03100	INTENSIVE CARE UNIT	250,464	0	0	1,715,297	7,266	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	256,536	0	0	1,756,879	7,442	40.00
41.00	04100	SUBPROVIDER - I/RF	225,566	0	0	1,544,780	6,544	41.00
43.00	04300	NURSERY	223,665	0	0	1,531,761	6,489	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,262,631	0	0	8,647,332	36,613	50.00
51.00	05100	RECOVERY ROOM	404,630	0	0	2,771,094	11,738	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	235,180	0	0	1,610,625	6,823	52.00
53.00	05300	ANESTHESIOLOGY	58,880	0	0	403,240	1,708	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	188,608	0	220,923	1,512,598	6,407	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	60,342	0	109,805	523,054	2,216	54.01
54.02	03630	ULTRA SOUND	61,628	0	76,348	498,407	2,111	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	381,195	0	0	2,610,601	11,059	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	56,094	0	73,958	458,115	1,941	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	64,628	0	81,466	524,071	2,220	58.00
60.00	06000	LABORATORY	701,788	0	0	4,806,173	20,359	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	50,589	0	0	346,459	1,468	63.00
64.00	06400	INTRAVENOUS THERAPY	217,320	0	0	1,488,310	6,304	64.00
65.00	06500	RESPIRATORY THERAPY	121,898	0	0	834,817	3,536	65.00
65.01	03560	PULMONARY FUNCTION TESTING	39,108	0	0	267,827	1,135	65.01
66.00	06600	PHYSICAL THERAPY	491,883	101,558	0	3,470,204	14,700	66.00
67.00	06700	OCCUPATIONAL THERAPY	127,854	15,052	0	890,655	3,773	67.00
68.00	06800	SPEECH PATHOLOGY	78,885	8,059	0	548,303	2,323	68.00
69.00	06900	ELECTROCARDIOLOGY	28,747	0	0	196,875	834	69.00
69.01	03140	CARDIOLOGY	327,364	0	0	2,241,940	9,497	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	40,783	0	0	279,303	1,183	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	272,280	0	0	1,864,700	7,899	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	888,208	0	0	6,082,860	25,767	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	486,517	0	0	3,331,894	14,114	73.00
74.00	07400	RENAL DIALYSIS	34,256	0	0	234,599	994	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	45,378	0	0	310,768	1,316	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	34,575	0	0	236,784	1,003	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

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Cost Center Description		ADMINISTRATIVE & GENERAL	REHAB ADMINISTRATIVE	RADIOLOGY ADMINISTRATIVE	Subtotal	OCCUPATIONAL HEALTH ADMINISTRATIVE	
		5.01	5.02	5.03	5A.03	5.04	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	291,580	0	0	1,996,878	8,459	90.00
91.00	09100 EMERGENCY	416,509	0	0	2,852,449	12,083	91.00
92.00	09200 OBSERVATION BEDS				0		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	2,569	0	0	17,596	75	95.00
101.00	10100 HOME HEALTH AGENCY	712,948	143,949	0	5,026,549	21,292	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	13,629,850	268,618	562,500	93,343,824	393,381	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 MARKETING	102,846	0	0	704,338	2,984	194.00
194.01	07951 BUSINESS HEALTH	94,370	0	0	646,292	2,738	194.01
194.02	07952 VITACARE	4	0	0	25	0	194.02
194.03	07953 CASCADE CLINIC	421,398	0	0	2,885,930	12,225	194.03
194.04	07954 ORTHOPEDIC CLINIC	445,314	0	0	3,049,715	12,919	194.04
194.05	07955 ENT CLINIC	0	0	0	0	0	194.05
194.06	07956 RSVP	11,369	0	0	77,858	330	194.06
194.07	07957 CONTRACT CLEANING	8	0	0	53	0	194.07
194.08	07958 DIM MAINTENANCE	2	0	0	14	0	194.08
194.09	07959 RENTAL PROPERTY	63,841	0	0	437,211	1,852	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	18,991	0	0	130,059	551	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	14,011	0	0	95,954	406	194.11
194.12	07962 LIFESTYLES	17,688	0	0	121,137	513	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964 FOUNDATION	0	0	0	-822	0	194.14
194.15	07965 PHYSICIAN BILLING	47,948	0	0	328,372	1,391	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968 CONTRACTED ULTRASOUND	7,475	0	0	51,193	217	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	366,249	0	0	2,508,243	10,625	194.19
194.20	07970 RETAIL PHARMACIES	244,521	0	0	1,674,591	7,094	194.20
194.22	07972 PHYSICIAN CLINICS	930,263	0	0	6,370,875	26,987	194.22
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers	0	0	0	-1,904,193	0	201.00
202.00	TOTAL (sum lines 118 through 201)	16,416,148	268,618	562,500	110,520,669	474,213	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

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Cost Center Description		Subtotal	PURCHASING RECEIVING AND STORES	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5A.04	5.05	6.00	6.01	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00591						5.02
5.03	00592						5.03
5.04	00593						5.04
5.05	00560						5.05
6.00	00600	521,876	521,876	0	0	0	6.00
6.01	00601	0	0	0	2,147,877	0	6.01
7.00	00700	2,137,906	9,971	0	0	5,867,797	7.00
8.00	00800	5,840,557	27,240	0	0	0	8.00
9.00	00900	454,342	2,119	0	0	0	9.00
10.00	01000	1,969,336	9,185	0	19,386	52,961	10.00
11.00	01100	1,836,026	8,563	0	0	0	11.00
11.01	01101	0	0	0	0	0	11.01
12.00	01200	0	0	0	0	0	12.00
13.00	01300	3,929,918	18,329	0	49,372	134,879	13.00
14.00	01400	650,388	3,033	0	26,260	71,740	14.00
15.00	01500	2,232,644	10,413	0	27,508	75,150	15.00
16.00	01600	860,743	4,015	0	18,916	51,676	16.00
17.00	01700	944,585	4,406	0	15,830	43,246	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	8,182,183	38,162	0	226,170	617,875	30.00
31.00	03100	1,722,563	8,034	0	31,842	86,990	31.00
33.00	03300	0	0	0	0	0	33.00
33.01	03302	0	0	0	0	0	33.01
33.02	03301	0	0	0	0	0	33.02
33.03	03303	0	0	0	0	0	33.03
33.04	03304	0	0	0	0	0	33.04
33.05	03305	0	0	0	0	0	33.05
34.00	03400	0	0	0	0	0	34.00
40.00	04000	1,764,321	8,229	0	42,316	115,603	40.00
41.00	04100	1,551,324	7,235	0	83,146	227,146	41.00
43.00	04300	1,538,250	7,174	0	32,325	88,309	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	8,683,945	40,458	0	210,821	575,944	50.00
51.00	05100	2,782,832	12,979	0	124,439	339,957	51.00
52.00	05200	1,617,448	7,544	0	43,984	120,161	52.00
53.00	05300	404,948	1,889	0	1,606	4,386	53.00
54.00	05400	1,519,005	7,085	0	86,401	236,039	54.00
54.01	03450	525,270	2,450	0	4,158	11,360	54.01
54.02	03630	500,518	2,334	0	1,179	3,221	54.02
55.00	05500	2,621,660	12,227	0	88,784	242,550	55.00
57.00	05700	460,056	2,146	0	4,779	13,056	57.00
58.00	05800	526,291	2,455	0	6,573	17,956	58.00
60.00	06000	4,826,532	22,511	0	29,208	79,793	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	347,927	1,623	0	5,858	16,003	63.00
64.00	06400	1,494,614	6,971	0	43,878	119,870	64.00
65.00	06500	838,353	3,910	0	13,353	36,478	65.00
65.01	03560	268,962	1,254	0	3,857	10,537	65.01
66.00	06600	3,484,904	16,254	0	112,717	307,933	66.00
67.00	06700	894,428	4,172	0	13,102	35,793	67.00
68.00	06800	550,626	2,568	0	10,480	28,631	68.00
69.00	06900	197,709	922	0	6,868	18,762	69.00
69.01	03140	2,251,437	10,501	0	68,896	188,218	69.01
70.00	07000	280,486	1,308	0	6,084	16,620	70.00
71.00	07100	1,872,599	8,734	0	0	0	71.00
72.00	07200	6,108,627	28,491	0	0	0	72.00
73.00	07300	3,346,008	15,606	0	0	0	73.00
74.00	07400	235,593	1,099	0	6,774	18,505	74.00
76.00	03320	0	0	0	0	0	76.00
76.97	07697	312,084	1,456	0	16,482	45,028	76.97
76.98	07698	237,787	1,109	0	4,183	11,428	76.98
76.99	07699	0	0	0	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Subtotal	PURCHASING RECEIVING AND STORES	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5A.04	5.05	6.00	6.01	7.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	2,005,337	9,353	0	108,327	295,939	90.00
91.00	09100 EMERGENCY	2,864,532	13,360	0	65,472	178,862	91.00
92.00	09200 OBSERVATION BEDS	0					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	17,671	82	0	0	0	95.00
101.00	10100 HOME HEALTH AGENCY	5,047,841	23,543	0	48,807	133,337	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	93,262,992	432,502	0	1,710,141	4,671,942	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 MARKETING	707,322	3,299	0	21,525	58,804	194.00
194.01	07951 BUSINESS HEALTH	649,030	3,027	0	21,243	58,033	194.01
194.02	07952 VITACARE	25	0	0	0	0	194.02
194.03	07953 CASCADE CLINIC	2,898,155	13,517	0	80,029	218,631	194.03
194.04	07954 ORTHOPEDIC CLINIC	3,062,634	14,284	0	86,890	237,375	194.04
194.05	07955 ENT CLINIC	0	0	0	0	0	194.05
194.06	07956 RSVP	78,188	365	0	5,933	16,209	194.06
194.07	07957 CONTRACT CLEANING	53	0	0	0	0	194.07
194.08	07958 DIM MAINTENANCE	14	0	0	0	0	194.08
194.09	07959 RENTAL PROPERTY	439,063	2,048	0	13,378	36,547	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	130,610	609	0	66,249	180,987	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	96,360	449	0	0	0	194.11
194.12	07962 LIFESTYLES	121,650	567	0	0	0	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964 FOUNDATION	-822	0	0	0	0	194.14
194.15	07965 PHYSICIAN BILLING	329,763	1,538	0	0	0	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968 CONTRACTED ULTRASOUND	51,410	240	0	0	0	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	2,518,868	11,748	0	0	0	194.19
194.20	07970 RETAIL PHARMACIES	1,681,685	7,843	0	9,583	26,181	194.20
194.22	07972 PHYSICIAN CLINICS	6,397,862	29,840	0	132,906	363,088	194.22
200.00	Cross Foot Adjustments	0					200.00
201.00	Negative Cost Centers	-1,904,193	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	110,520,669	521,876	0	2,147,877	5,867,797	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 16-0117		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part I Date/Time Prepared: 5/24/2018 1:59 pm	
Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
			8.00	9.00	10.00	11.00	11.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	456,461					8.00
9.00	00900	HOUSEKEEPING	0	2,050,868				9.00
10.00	01000	DIETARY	0	0	1,844,589			10.00
11.00	01100	CAFETERIA	0	0	0	0		11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,071	47,571	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	25,769	25,302	0	0	0	14.00
15.00	01500	PHARMACY	1,640	26,505	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	18,226	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	15,253	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	108,636	217,920	1,169,271	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	20,202	30,681	172,443	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	7,054	40,773	250,785	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	12,102	80,113	210,308	0	0	41.00
43.00	04300	NURSERY	10,882	31,146	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	51,749	203,133	0	0	0	50.00
51.00	05100	RECOVERY ROOM	44,086	119,901	280	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,967	42,380	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,547	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,883	83,250	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	4,007	0	0	0	54.01
54.02	03630	ULTRA SOUND	481	1,136	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	16,468	85,546	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	4,605	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,333	0	0	0	58.00
60.00	06000	LABORATORY	285	28,143	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,885	5,644	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	25,402	42,278	3,606	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	30	12,866	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	7	3,717	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	3,171	108,607	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	12,624	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,059	10,098	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,716	6,617	0	0	0	69.00
69.01	03140	CARDIOLOGY	11,352	66,384	10,383	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,471	5,862	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	431	6,527	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	72	15,881	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,332	4,031	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,202	104,377	0	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
		8.00	9.00	10.00	11.00	11.01	
91.00	09100 EMERGENCY	52,269	63,084	8,363	0	0	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	250	0	0	0	0	95.00
101.00	10100 HOME HEALTH AGENCY	0	47,027	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	454,924	1,629,095	1,825,439	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 MARKETING	0	20,740	0	0	0	194.00
194.01	07951 BUSINESS HEALTH	0	20,468	0	0	0	194.01
194.02	07952 VITACARE	0	0	0	0	0	194.02
194.03	07953 CASCADE CLINIC	0	77,110	0	0	0	194.03
194.04	07954 ORTHOPEDIC CLINIC	0	83,721	0	0	0	194.04
194.05	07955 ENT CLINIC	0	0	0	0	0	194.05
194.06	07956 RSVP	0	5,717	0	0	0	194.06
194.07	07957 CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958 DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959 RENTAL PROPERTY	0	12,890	0	0	0	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	0	63,833	0	0	0	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962 LIFESTYLES	0	0	0	0	0	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964 FOUNDATION	0	0	0	0	0	194.14
194.15	07965 PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	0	0	19,150	0	0	194.17
194.18	07968 CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	552	0	0	0	0	194.19
194.20	07970 RETAIL PHARMACIES	0	9,234	0	0	0	194.20
194.22	07972 PHYSICIAN CLINICS	985	128,060	0	0	0	194.22
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	456,461	2,050,868	1,844,589	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

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Part I
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Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00591						5.02
5.03	00592						5.03
5.04	00593						5.04
5.05	00560						5.05
6.00	00600						6.00
6.01	00601						6.01
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
11.01	01101						11.01
12.00	01200	0					12.00
13.00	01300	0	4,181,140				13.00
14.00	01400	0	0	802,492			14.00
15.00	01500	0	0	2,610	2,376,470		15.00
16.00	01600	0	0	5	0	953,581	16.00
17.00	01700	0	0	50	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	901,379	19,096	0	54,566	30.00
31.00	03100	0	200,357	5,560	0	10,228	31.00
33.00	03300	0	0	0	0	0	33.00
33.01	03302	0	0	0	0	0	33.01
33.02	03301	0	0	0	0	0	33.02
33.03	03303	0	0	0	0	0	33.03
33.04	03304	0	0	0	0	0	33.04
33.05	03305	0	0	0	0	0	33.05
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	152,207	898	0	17,008	40.00
41.00	04100	0	155,950	2,266	0	12,897	41.00
43.00	04300	0	92,317	2,410	0	7,612	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	520,345	173,337	0	163,405	50.00
51.00	05100	0	267,892	8,550	0	29,923	51.00
52.00	05200	0	152,207	3,983	0	12,500	52.00
53.00	05300	0	11,618	12,005	0	23,957	53.00
54.00	05400	0	119,888	3,503	0	18,322	54.00
54.01	03450	0	20,471	299	0	9,175	54.01
54.02	03630	0	27,319	1,358	0	10,023	54.02
55.00	05500	0	139,260	1,529	0	67,887	55.00
57.00	05700	0	37,992	1,504	0	41,899	57.00
58.00	05800	0	33,341	556	0	22,280	58.00
60.00	06000	0	2,803	21,645	0	47,712	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	14,875	1,055	0	2,973	63.00
64.00	06400	0	144,507	5,441	0	21,502	64.00
65.00	06500	0	94,520	4,555	0	15,217	65.00
65.01	03560	0	30,740	1,532	0	8,504	65.01
66.00	06600	0	350,952	1,561	0	26,609	66.00
67.00	06700	0	88,388	275	0	8,963	67.00
68.00	06800	0	49,162	350	0	4,324	68.00
69.00	06900	0	16,487	674	0	3,808	69.00
69.01	03140	0	102,772	32,775	0	48,970	69.01
70.00	07000	0	21,007	334	0	2,378	70.00
71.00	07100	0	0	107,829	0	41,640	71.00
72.00	07200	0	0	351,755	0	29,698	72.00
73.00	07300	0	0	0	1,683,649	84,348	73.00
74.00	07400	0	0	0	0	1,324	74.00
76.00	03320	0	0	0	0	0	76.00
76.97	07697	0	28,423	73	0	2,250	76.97
76.98	07698	0	7,547	44	0	2,860	76.98
76.99	07699	0	0	0	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

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Part I
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Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	173,951	8,840	0	32,427	90.00
91.00	09100 EMERGENCY	0	222,463	11,569	0	52,577	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	117	95.00
101.00	10100 HOME HEALTH AGENCY	0	0	4,398	0	13,698	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	4,181,140	794,224	1,683,649	953,581	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 MARKETING	0	0	0	0	0	194.00
194.01	07951 BUSINESS HEALTH	0	0	815	10,040	0	194.01
194.02	07952 VITACARE	0	0	0	13	0	194.02
194.03	07953 CASCADE CLINIC	0	0	1,159	60,821	0	194.03
194.04	07954 ORTHOPEDIC CLINIC	0	0	6	9,078	0	194.04
194.05	07955 ENT CLINIC	0	0	0	0	0	194.05
194.06	07956 RSVP	0	0	2	0	0	194.06
194.07	07957 CONTRACT CLEANING	0	0	3	0	0	194.07
194.08	07958 DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959 RENTAL PROPERTY	0	0	32	0	0	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962 LIFESTYLES	0	0	7	0	0	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964 FOUNDATION	0	0	0	0	0	194.14
194.15	07965 PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968 CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	0	0	239	0	0	194.19
194.20	07970 RETAIL PHARMACIES	0	0	129	518,904	0	194.20
194.22	07972 PHYSICIAN CLINICS	0	0	5,876	93,965	0	194.22
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	4,181,140	802,492	2,376,470	953,581	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

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Cost Center Description	INTERNS & RESIDENTS				
	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS
	17.00	19.00	20.00	21.00	22.00
GENERAL SERVICE COST CENTERS					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00590 ADMINISTRATIVE & GENERAL					5.01
5.02 00591 REHAB ADMINISTRATION					5.02
5.03 00592 RADIOLOGY ADMINISTRATION					5.03
5.04 00593 OCCUPATIONAL HEALTH ADMINISTRATION					5.04
5.05 00560 PURCHASING RECEIVING AND STORES					5.05
6.00 00600 MAINTENANCE & REPAIRS					6.00
6.01 00601 MAINTENANCE & REPAIRS					6.01
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
11.01 01101 EMPLOYEE CAFETERIA					11.01
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE	1,023,370				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0			19.00
20.00 02000 NURSING SCHOOL	0		0		20.00
21.00 02100 I&R SRVCES-SALARY & FRINGES APPRVD	0			0	21.00
22.00 02200 I&R SRVCES-OTHER PRGM COSTS APPRVD	0				22.00
23.00 02300 PARAMEDICAL ED PRGM	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	599,810	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	88,533	0	0	0	31.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01 03302 BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
33.02 03301 NURSING ADMINISTRATION	0	0	0	0	33.02
33.03 03303 GEROPSYCH REVENUE	0	0	0	0	33.03
33.04 03304 BURN INTENSIVE CARE UNIT	0	0	0	0	33.04
33.05 03305 BURN INTENSIVE CARE UNIT	0	0	0	0	33.05
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	128,753	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	107,973	0	0	0	41.00
43.00 04300 NURSERY	98,301	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	54.01
54.02 03630 ULTRA SOUND	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
60.00 06000 LABORATORY	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01 03140 CARDIOLOGY	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	74.00
76.00 03320 ELECTROSHOCK THERAPY	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699 LI THOTRIPSY	0	0	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part I
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Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS			
				SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS		
				17.00	19.00		20.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	90.00	
91.00 09100 EMERGENCY	0	0	0	0	0	91.00	
92.00 09200 OBSERVATION BEDS						92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE						113.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)					1,023,370	0
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
194.00 07950 MARKETING	0	0	0	0	0	194.00	
194.01 07951 BUSINESS HEALTH	0	0	0	0	0	194.01	
194.02 07952 VITACARE	0	0	0	0	0	194.02	
194.03 07953 CASCADE CLINIC	0	0	0	0	0	194.03	
194.04 07954 ORTHOPEDIC CLINIC	0	0	0	0	0	194.04	
194.05 07955 ENT CLINIC	0	0	0	0	0	194.05	
194.06 07956 RSVP	0	0	0	0	0	194.06	
194.07 07957 CONTRACT CLEANING	0	0	0	0	0	194.07	
194.08 07958 DIM MAINTENANCE	0	0	0	0	0	194.08	
194.09 07959 RENTAL PROPERTY	0	0	0	0	0	194.09	
194.10 07960 GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10	
194.11 07961 NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11	
194.12 07962 LIFESTYLES	0	0	0	0	0	194.12	
194.13 07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13	
194.14 07964 FOUNDATION	0	0	0	0	0	194.14	
194.15 07965 PHYSICIAN BILLING	0	0	0	0	0	194.15	
194.16 07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16	
194.17 07967 NONREIMBURSABLE	0	0	0	0	0	194.17	
194.18 07968 CONTRACTED ULTRASOUND	0	0	0	0	0	194.18	
194.19 07969 CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19	
194.20 07970 RETAIL PHARMACIES	0	0	0	0	0	194.20	
194.22 07972 PHYSICIAN CLINICS	0	0	0	0	0	194.22	
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers					0	201.00
202.00	TOTAL (sum lines 118 through 201)					1,023,370	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
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Cost Center Description			PARAMEDICAL ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	ADMINISTRATIVE & GENERAL					5.01
5.02	00591	REHAB ADMINISTRATION					5.02
5.03	00592	RADIOLOGY ADMINISTRATION					5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION					5.04
5.05	00560	PURCHASING RECEIVING AND STORES					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS					6.01
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
11.01	01101	EMPLOYEE CAFETERIA					11.01
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMEDICAL ED PRGM	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	12,135,068	0	12,135,068	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,377,433	0	2,377,433	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	2,527,947	0	2,527,947	40.00
41.00	04100	SUBPROVIDER - IRF	0	2,450,460	0	2,450,460	41.00
43.00	04300	NURSERY	0	1,908,726	0	1,908,726	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	10,623,137	0	10,623,137	50.00
51.00	05100	RECOVERY ROOM	0	3,730,839	0	3,730,839	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,018,174	0	2,018,174	52.00
53.00	05300	ANESTHESIOLOGY	0	461,956	0	461,956	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,100,376	0	2,100,376	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	577,190	0	577,190	54.01
54.02	03630	ULTRA SOUND	0	547,569	0	547,569	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,275,911	0	3,275,911	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	566,037	0	566,037	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	615,785	0	615,785	58.00
60.00	06000	LABORATORY	0	5,058,632	0	5,058,632	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	397,843	0	397,843	63.00
64.00	06400	INTRAVENOUS THERAPY	0	1,908,069	0	1,908,069	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,019,282	0	1,019,282	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	329,110	0	329,110	65.01
66.00	06600	PHYSICAL THERAPY	0	4,412,708	0	4,412,708	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,057,745	0	1,057,745	67.00
68.00	06800	SPEECH PATHOLOGY	0	657,298	0	657,298	68.00
69.00	06900	ELECTROCARDIOLOGY	0	254,563	0	254,563	69.00
69.01	03140	CARDIOLOGY	0	2,791,688	0	2,791,688	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	335,550	0	335,550	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	2,030,802	0	2,030,802	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	6,518,571	0	6,518,571	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,129,611	0	5,129,611	73.00
74.00	07400	RENAL DIALYSIS	0	270,253	0	270,253	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	421,749	0	421,749	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	271,321	0	271,321	76.98

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part I
Date/Time Prepared:
5/24/2018 1:59 pm

Cost Center Description		PARAMEDICAL ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
76.99	07699 LI THOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	2,745,753	0	2,745,753	90.00
91.00	09100 EMERGENCY	0	3,532,551	0	3,532,551	91.00
92.00	09200 OBSERVATION BEDS			0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	18,120	0	18,120	95.00
101.00	10100 HOME HEALTH AGENCY	0	5,318,651	0	5,318,651	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	90,396,478	0	90,396,478	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950 MARKETING	0	811,690	0	811,690	194.00
194.01	07951 BUSINESS HEALTH	0	762,656	0	762,656	194.01
194.02	07952 VI TACARE	0	38	0	38	194.02
194.03	07953 CASCADE CLINIC	0	3,349,422	0	3,349,422	194.03
194.04	07954 ORTHOPEDIC CLINIC	0	3,493,988	0	3,493,988	194.04
194.05	07955 ENT CLINIC	0	0	0	0	194.05
194.06	07956 RSVP	0	106,414	0	106,414	194.06
194.07	07957 CONTRACT CLEANING	0	56	0	56	194.07
194.08	07958 DIM MAINTENANCE	0	14	0	14	194.08
194.09	07959 RENTAL PROPERTY	0	503,958	0	503,958	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	0	442,288	0	442,288	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	0	96,809	0	96,809	194.11
194.12	07962 LIFESTYLES	0	122,224	0	122,224	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	194.13
194.14	07964 FOUNDATION	0	-822	0	-822	194.14
194.15	07965 PHYSICIAN BILLING	0	331,301	0	331,301	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	0	19,150	0	19,150	194.17
194.18	07968 CONTRACTED ULTRASOUND	0	51,650	0	51,650	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	0	2,531,407	0	2,531,407	194.19
194.20	07970 RETAIL PHARMACIES	0	2,253,559	0	2,253,559	194.20
194.22	07972 PHYSICIAN CLINICS	0	7,152,582	0	7,152,582	194.22
200.00	Cross Foot Adjustments	0	0	0	0	200.00
201.00	Negative Cost Centers	0	-1,904,193	0	-1,904,193	201.00
202.00	TOTAL (sum lines 118 through 201)	0	110,520,669	0	110,520,669	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part II
Date/Time Prepared:
5/24/2018 1:59 pm

	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
			0	1.00			
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01	00590	ADMINISTRATIVE & GENERAL	0	6,335	0	6,335	5.01
5.02	00591	REHAB ADMINISTRATION	0	0	0	0	5.02
5.03	00592	RADIOLOGY ADMINISTRATION	1,755	0	0	1,755	5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	0	0	0	0	5.04
5.05	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	21,182	7,416	0	28,598	6.01
7.00	00700	OPERATION OF PLANT	111,662	0	0	111,662	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	13,467	22,127	0	35,594	9.00
10.00	01000	DIETARY	23,479	0	0	23,479	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	25,365	56,351	0	81,716	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	37,704	29,972	0	67,676	14.00
15.00	01500	PHARMACY	60,644	31,397	0	92,041	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,044	21,590	0	24,634	16.00
17.00	01700	SOCIAL SERVICE	0	18,068	0	18,068	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	125,252	258,137	0	383,389	30.00
31.00	03100	INTENSIVE CARE UNIT	33,961	36,343	0	70,304	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	1,880	48,298	0	50,178	40.00
41.00	04100	SUBPROVIDER - I RF	17,463	94,899	0	112,362	41.00
43.00	04300	NURSERY	14,864	36,894	0	51,758	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	863,170	240,622	0	1,103,792	50.00
51.00	05100	RECOVERY ROOM	88,123	142,030	0	230,153	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,051	50,202	0	72,253	52.00
53.00	05300	ANESTHESIOLOGY	124,545	1,833	0	126,378	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	195,108	98,614	0	293,722	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	4,968	4,746	0	9,714	54.01
54.02	03630	ULTRA SOUND	38,451	1,346	0	39,797	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	726,518	101,334	0	827,852	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	612	5,455	0	6,067	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	85,376	7,502	0	92,878	58.00
60.00	06000	LABORATORY	920	33,337	0	34,257	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,966	6,686	0	8,652	63.00
64.00	06400	INTRAVENOUS THERAPY	23,900	50,080	0	73,980	64.00
65.00	06500	RESPIRATORY THERAPY	27,056	15,240	0	42,296	65.00
65.01	03560	PULMONARY FUNCTION TESTING	9,003	4,402	0	13,405	65.01
66.00	06600	PHYSICAL THERAPY	18,693	128,651	0	147,344	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,366	14,954	0	18,320	67.00
68.00	06800	SPEECH PATHOLOGY	5,123	11,962	0	17,085	68.00
69.00	06900	ELECTROCARDIOLOGY	12,465	7,838	0	20,303	69.00
69.01	03140	CARDIOLOGY	318,389	78,635	0	397,024	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	25,860	6,944	0	32,804	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	7,731	0	7,731	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,886	18,812	0	21,698	76.97

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part II
Date/Time Prepared:
5/24/2018 1:59 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
76.98 07698 HYPERBARIC OXYGEN THERAPY	5,072	4,775	0	9,847	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	29,287	123,640	0	152,927	0	90.00
91.00 09100 EMERGENCY	39,476	74,726	0	114,202	0	91.00
92.00 09200 OBSERVATION BEDS				0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00 10100 HOME HEALTH AGENCY	1,020	55,707	0	56,727	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			5,130,757	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 07950 MARKETING	95	24,568	0	24,663	0	194.00
194.01 07951 BUSINESS HEALTH	2,544	24,245	0	26,789	0	194.01
194.02 07952 VI TACARE	0	0	0	0	0	194.02
194.03 07953 CASCADE CLINIC	86,461	91,341	0	177,802	0	194.03
194.04 07954 ORTHOPEDIC CLINIC	0	99,172	0	99,172	0	194.04
194.05 07955 ENT CLINIC	0	0	0	0	0	194.05
194.06 07956 RSVP	0	6,772	0	6,772	0	194.06
194.07 07957 CONTRACT CLEANING	0	0	0	0	0	194.07
194.08 07958 DIM MAINTENANCE	0	0	0	0	0	194.08
194.09 07959 RENTAL PROPERTY	20,000	15,269	0	35,269	0	194.09
194.10 07960 GRANDVIEW MEDICAL CENTER	0	75,614	0	75,614	0	194.10
194.11 07961 NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12 07962 LIFESTYLES	1,466	0	0	1,466	0	194.12
194.13 07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14 07964 FOUNDATION	0	0	0	0	0	194.14
194.15 07965 PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16 07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17 07967 NONREIMBURSABLE	0	0	0	0	0	194.17
194.18 07968 CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19 07969 CARDIO SPECIALTY CARE CLINIC	3,916	0	0	3,916	0	194.19
194.20 07970 RETAIL PHARMACIES	0	10,938	0	10,938	0	194.20
194.22 07972 PHYSICIAN CLINICS	83,162	151,693	0	234,855	0	194.22
200.00	Cross Foot Adjustments			0		200.00
201.00	Negative Cost Centers			0		201.00
202.00	TOTAL (sum lines 118 through 201)			5,828,013	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE & GENERAL	REHAB ADMINISTRATION	RADIOLOGY ADMINISTRATION	OCCUPATIONAL HEALTH ADMINISTRATION	PURCHASING RECEIVING AND STORES	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL	6,335					5.01
5.02	00591	REHAB ADMINISTRATION	15	15				5.02
5.03	00592	RADIOLOGY ADMINISTRATION	32	0	1,787			5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	27	0	0	27		5.04
5.05	00560	PURCHASING RECEIVING AND STORES	29	0	0	0	29	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	120	0	0	0	0	6.01
7.00	00700	OPERATION OF PLANT	328	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	26	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	111	0	0	0	0	9.00
10.00	01000	DIETARY	103	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	221	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	37	0	0	0	0	14.00
15.00	01500	PHARMACY	125	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	48	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	53	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	459	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	97	0	0	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	99	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	87	0	0	0	0	41.00
43.00	04300	NURSERY	86	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	484	0	0	27	29	50.00
51.00	05100	RECOVERY ROOM	156	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	91	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	23	0	0	23	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	73	0	701	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	23	0	349	0	0	54.01
54.02	03630	ULTRA SOUND	24	0	243	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	147	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	22	0	235	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	25	0	259	0	0	58.00
60.00	06000	LABORATORY	271	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	20	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	84	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	47	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	15	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	190	6	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	49	1	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	30	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	11	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	126	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	16	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	105	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	343	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	188	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	13	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	18	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	13	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part II
Date/Time Prepared:
5/24/2018 1:59 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	REHAB ADMINISTRATIVE	RADIOLOGY ADMINISTRATIVE	OCCUPATIONAL HEALTH ADMINISTRATIVE	PURCHASING RECEIVING AND STORES		
		5.01	5.02	5.03	5.04	5.05		
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	113	0	0	0	0	90.00
91.00	09100	EMERGENCY	161	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	275	8	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,260	15	1,787	27	29	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	40	0	0	0	0	194.00
194.01	07951	BUSINESS HEALTH	36	0	0	0	0	194.01
194.02	07952	VITACARE	0	0	0	0	0	194.02
194.03	07953	CASCADE CLINIC	163	0	0	0	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	172	0	0	0	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	4	0	0	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	25	0	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	7	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	5	0	0	0	0	194.11
194.12	07962	LIFESTYLES	7	0	0	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	19	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	3	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	141	0	0	0	0	194.19
194.20	07970	RETAIL PHARMACIES	94	0	0	0	0	194.20
194.22	07972	PHYSICIAN CLINICS	359	0	0	0	0	194.22
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,335	15	1,787	27	29	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 16-0117		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/24/2018 1:59 pm	
Cost Center Description			MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			6.00	6.01	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
6.01	00601	MAINTENANCE & REPAIRS	0	28,718				6.01
7.00	00700	OPERATION OF PLANT	0	0	111,990			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	26		8.00
9.00	00900	HOUSEKEEPING	0	259	1,011	0	36,975	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	660	2,574	0	858	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	351	1,369	1	456	14.00
15.00	01500	PHARMACY	0	368	1,434	0	478	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	253	986	0	329	16.00
17.00	01700	SOCIAL SERVICE	0	212	825	0	275	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	3,022	11,797	8	3,930	30.00
31.00	03100	INTENSIVE CARE UNIT	0	426	1,660	1	553	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	566	2,206	0	735	40.00
41.00	04100	SUBPROVIDER - I RF	0	1,112	4,335	1	1,444	41.00
43.00	04300	NURSERY	0	432	1,685	1	562	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,819	10,992	3	3,662	50.00
51.00	05100	RECOVERY ROOM	0	1,664	6,488	2	2,162	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	588	2,293	1	764	52.00
53.00	05300	ANESTHESIOLOGY	0	21	84	0	28	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,155	4,505	2	1,501	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	56	217	0	72	54.01
54.02	03630	ULTRA SOUND	0	16	61	0	20	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,187	4,629	1	1,542	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	64	249	0	83	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	88	343	0	114	58.00
60.00	06000	LABORATORY	0	391	1,523	0	507	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	78	305	0	102	63.00
64.00	06400	INTRAVENOUS THERAPY	0	587	2,288	1	762	64.00
65.00	06500	RESPIRATORY THERAPY	0	179	696	0	232	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	52	201	0	67	65.01
66.00	06600	PHYSICAL THERAPY	0	1,507	5,877	0	1,958	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	175	683	0	228	67.00
68.00	06800	SPEECH PATHOLOGY	0	140	546	0	182	68.00
69.00	06900	ELECTROCARDIOLOGY	0	92	358	0	119	69.00
69.01	03140	CARDIOLOGY	0	921	3,592	1	1,197	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	81	317	0	106	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	91	353	0	118	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	220	859	0	286	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	56	218	0	73	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,448	5,648	0	1,882	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part II
Date/Time Prepared:
5/24/2018 1:59 pm

Cost Center Description			MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			6.00	6.01	7.00	8.00	9.00	
91.00	09100	EMERGENCY	0	875	3,414	3	1,137	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	653	2,545	0	848	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	22,865	89,166	26	29,372	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	288	1,122	0	374	194.00
194.01	07951	BUSINESS HEALTH	0	284	1,108	0	369	194.01
194.02	07952	VITACARE	0	0	0	0	0	194.02
194.03	07953	CASCADE CLINIC	0	1,070	4,173	0	1,390	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	1,162	4,530	0	1,509	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	79	309	0	103	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	179	698	0	232	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	886	3,454	0	1,151	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	0	0	0	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
194.20	07970	RETAIL PHARMACIES	0	128	500	0	166	194.20
194.22	07972	PHYSICIAN CLINICS	0	1,777	6,930	0	2,309	194.22
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	28,718	111,990	26	36,975	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 16-0117		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/24/2018 1:59 pm	
Cost Center Description			DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			10.00	11.00	11.01	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	23,582					10.00
11.00	01100	CAFETERIA	0	0				11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0			11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	86,029	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,947	0	0	0	18,547	30.00
31.00	03100	INTENSIVE CARE UNIT	2,205	0	0	0	4,122	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	3,206	0	0	0	3,132	40.00
41.00	04100	SUBPROVIDER - IRF	2,689	0	0	0	3,209	41.00
43.00	04300	NURSERY	0	0	0	0	1,899	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	10,706	50.00
51.00	05100	RECOVERY ROOM	4	0	0	0	5,512	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	3,132	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	239	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	2,467	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	421	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	562	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	2,865	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	782	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	686	58.00
60.00	06000	LABORATORY	0	0	0	0	58	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	306	63.00
64.00	06400	INTRAVENOUS THERAPY	46	0	0	0	2,973	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	1,945	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	632	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	7,221	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	1,819	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,012	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	339	69.00
69.01	03140	CARDIOLOGY	133	0	0	0	2,115	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	432	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	585	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	155	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	3,579	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part II
Date/Time Prepared:
5/24/2018 1:59 pm

Cost Center Description			DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			10.00	11.00	11.01	12.00	13.00	
91.00	09100	EMERGENCY	107	0	0	0	4,577	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23,337	0	0	0	86,029	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	BUSINESS HEALTH	0	0	0	0	0	194.01
194.02	07952	VI TACARE	0	0	0	0	0	194.02
194.03	07953	CASCADE CLINIC	0	0	0	0	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	0	0	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	0	0	0	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	245	0	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
194.20	07970	RETAIL PHARMACIES	0	0	0	0	0	194.20
194.22	07972	PHYSICIAN CLINICS	0	0	0	0	0	194.22
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	23,582	0	0	0	86,029	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part II
Date/Time Prepared:
5/24/2018 1:59 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	69,890					14.00
15.00	01500	PHARMACY	227	94,673				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	26,250			16.00
17.00	01700	SOCIAL SERVICE	4	0	0	19,437		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,663	0	1,505	11,392		30.00
31.00	03100	INTENSIVE CARE UNIT	484	0	282	1,682		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0		33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0		33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0		33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0		33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0		33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00	04000	SUBPROVIDER - I PF	78	0	469	2,445		40.00
41.00	04100	SUBPROVIDER - I RF	197	0	356	2,051		41.00
43.00	04300	NURSERY	210	0	210	1,867		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,095	0	4,449	0		50.00
51.00	05100	RECOVERY ROOM	745	0	826	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	347	0	345	0		52.00
53.00	05300	ANESTHESIOLOGY	1,046	0	661	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	305	0	505	0		54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	26	0	253	0		54.01
54.02	03630	ULTRA SOUND	118	0	277	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	133	0	1,873	0		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	131	0	1,156	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	48	0	615	0		58.00
60.00	06000	LABORATORY	1,885	0	1,316	0		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	92	0	82	0		63.00
64.00	06400	INTRAVENOUS THERAPY	474	0	593	0		64.00
65.00	06500	RESPIRATORY THERAPY	397	0	420	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	133	0	235	0		65.01
66.00	06600	PHYSICAL THERAPY	136	0	734	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	24	0	247	0		67.00
68.00	06800	SPEECH PATHOLOGY	30	0	119	0		68.00
69.00	06900	ELECTROCARDIOLOGY	59	0	105	0		69.00
69.01	03140	CARDIOLOGY	2,854	0	1,351	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	29	0	66	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	9,391	0	1,149	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	30,638	0	819	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	67,073	2,327	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	37	0		74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	6	0	62	0		76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	4	0	79	0		76.98
76.99	07699	LI THOTRI PSY	0	0	0	0		76.99

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 16-0117		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/24/2018 1:59 pm	
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	770	0	895	0		90.00
91.00	09100 EMERGENCY	1,008	0	1,451	0		91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	3	0		95.00
101.00	10100 HOME HEALTH AGENCY	383	0	378	0		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	69,170	67,073	26,250	19,437	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
194.00	07950 MARKETING	0	0	0	0		194.00
194.01	07951 BUSINESS HEALTH	71	400	0	0		194.01
194.02	07952 VITACARE	0	1	0	0		194.02
194.03	07953 CASCADE CLINIC	101	2,423	0	0		194.03
194.04	07954 ORTHOPEDIC CLINIC	0	362	0	0		194.04
194.05	07955 ENT CLINIC	0	0	0	0		194.05
194.06	07956 RSVP	0	0	0	0		194.06
194.07	07957 CONTRACT CLEANING	0	0	0	0		194.07
194.08	07958 DIM MAINTENANCE	0	0	0	0		194.08
194.09	07959 RENTAL PROPERTY	3	0	0	0		194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	0	0	0	0		194.10
194.11	07961 NORTH GRANDVIEW OFFICE	0	0	0	0		194.11
194.12	07962 LIFESTYLES	1	0	0	0		194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0		194.13
194.14	07964 FOUNDATION	0	0	0	0		194.14
194.15	07965 PHYSICIAN BILLING	0	0	0	0		194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0		194.16
194.17	07967 NONREIMBURSABLE	0	0	0	0		194.17
194.18	07968 CONTRACTED ULTRASOUND	0	0	0	0		194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	21	0	0	0		194.19
194.20	07970 RETAIL PHARMACIES	11	20,671	0	0		194.20
194.22	07972 PHYSICIAN CLINICS	512	3,743	0	0		194.22
200.00	Cross Foot Adjustments						0200.00
201.00	Negative Cost Centers	0	0	0	0		0201.00
202.00	TOTAL (sum lines 118 through 201)	69,890	94,673	26,250	19,437		0202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 16-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/24/2018 1:59 pm
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Cost Center Description	INTERNS & RESIDENTS				Subtotal	
	NURSING SCHOOL	SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS	PARAMEDICAL ED PRGM		
		20.00	21.00	22.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00590	ADMINISTRATIVE & GENERAL					5.01
5.02 00591	REHAB ADMINISTRATION					5.02
5.03 00592	RADIOLOGY ADMINISTRATION					5.03
5.04 00593	OCCUPATIONAL HEALTH ADMINISTRATION					5.04
5.05 00560	PURCHASING RECEIVING AND STORES					5.05
6.00 00600	MAINTENANCE & REPAIRS					6.00
6.01 00601	MAINTENANCE & REPAIRS					6.01
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
11.01 01101	EMPLOYEE CAFETERIA					11.01
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL	0				20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD		0			21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD			0		22.00
23.00 02300	PARAMEDICAL ED PRGM				0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS				450,659	30.00
31.00 03100	INTENSIVE CARE UNIT				81,816	31.00
33.00 03300	BURN INTENSIVE CARE UNIT				0	33.00
33.01 03302	BURN INTENSIVE CARE UNIT				0	33.01
33.02 03301	NURSING ADMINISTRATION				0	33.02
33.03 03303	GEROPSYCH REVENUE				0	33.03
33.04 03304	BURN INTENSIVE CARE UNIT				0	33.04
33.05 03305	BURN INTENSIVE CARE UNIT				0	33.05
34.00 03400	SURGICAL INTENSIVE CARE UNIT				0	34.00
40.00 04000	SUBPROVIDER - I PF				63,114	40.00
41.00 04100	SUBPROVIDER - I RF				127,843	41.00
43.00 04300	NURSERY				58,710	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM				1,152,058	50.00
51.00 05100	RECOVERY ROOM				247,712	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				79,814	52.00
53.00 05300	ANESTHESIOLOGY				128,480	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC				304,936	54.00
54.01 03450	NUCLEAR MEDICINE - DIAGNOSTIC				11,131	54.01
54.02 03630	ULTRA SOUND				41,118	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC				840,229	55.00
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN				8,789	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)				95,056	58.00
60.00 06000	LABORATORY				40,208	60.00
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.				0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.				9,637	63.00
64.00 06400	INTRAVENOUS THERAPY				81,788	64.00
65.00 06500	RESPIRATORY THERAPY				46,212	65.00
65.01 03560	PULMONARY FUNCTION TESTING				14,740	65.01
66.00 06600	PHYSICAL THERAPY				164,973	66.00
67.00 06700	OCCUPATIONAL THERAPY				21,546	67.00
68.00 06800	SPEECH PATHOLOGY				19,144	68.00
69.00 06900	ELECTROCARDIOLOGY				21,386	69.00
69.01 03140	CARDIOLOGY				409,314	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY				33,851	70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS				10,645	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT				31,800	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				69,588	73.00
74.00 07400	RENAL DIALYSIS				8,343	74.00
76.00 03320	ELECTROSHOCK THERAPY				0	76.00
76.97 07697	CARDIAC REHABILITATION				23,734	76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY				10,445	76.98
76.99 07699	LITHOTRIPSY				0	76.99

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part II
Date/Time Prepared:
5/24/2018 1:59 pm

Cost Center Description	INTERNS & RESIDENTS				Subtotal			
	NURSING SCHOOL	SRVCES-SALARY	SRVCES-OTHER	PARAMEDICAL ED				
		& FRINGES	PRGM COSTS	PRGM				
	20.00	21.00	22.00	23.00	24.00			
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC				167,262	90.00	
91.00	09100	EMERGENCY				126,935	91.00	
92.00	09200	OBSERVATION BEDS					92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES				4	95.00	
101.00	10100	HOME HEALTH AGENCY				61,817	101.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE					113.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		0	0	0	0	5,064,837	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				0	190.00	
194.00	07950	MARKETING				26,487	194.00	
194.01	07951	BUSINESS HEALTH				29,057	194.01	
194.02	07952	VITACARE				1	194.02	
194.03	07953	CASCADE CLINIC				187,122	194.03	
194.04	07954	ORTHOPEDIC CLINIC				106,907	194.04	
194.05	07955	ENT CLINIC				0	194.05	
194.06	07956	RSVP				7,267	194.06	
194.07	07957	CONTRACT CLEANING				0	194.07	
194.08	07958	DIM MAINTENANCE				0	194.08	
194.09	07959	RENTAL PROPERTY				36,406	194.09	
194.10	07960	GRANDVIEW MEDICAL CENTER				81,112	194.10	
194.11	07961	NORTH GRANDVIEW OFFICE				5	194.11	
194.12	07962	LIFESTYLES				1,474	194.12	
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES				0	194.13	
194.14	07964	FOUNDATION				0	194.14	
194.15	07965	PHYSICIAN BILLING				19	194.15	
194.16	07966	GUEST MEALS / MOW'S				0	194.16	
194.17	07967	NONREIMBURSABLE				245	194.17	
194.18	07968	CONTRACTED ULTRASOUND				3	194.18	
194.19	07969	CARDIO SPECIALTY CARE CLINIC				4,078	194.19	
194.20	07970	RETAIL PHARMACIES				32,508	194.20	
194.22	07972	PHYSICIAN CLINICS				250,485	194.22	
200.00		Cross Foot Adjustments	0	0	0	0	200.00	
201.00		Negative Cost Centers	0	0	0	0	201.00	
202.00		TOTAL (sum lines 118 through 201)	0	0	0	0	5,828,013	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part II
Date/Time Prepared:
5/24/2018 1:59 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00590	ADMINISTRATIVE & GENERAL		5.01
5.02	00591	REHAB ADMINISTRATION		5.02
5.03	00592	RADIOLOGY ADMINISTRATION		5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION		5.04
5.05	00560	PURCHASING RECEIVING AND STORES		5.05
6.00	00600	MAINTENANCE & REPAIRS		6.00
6.01	00601	MAINTENANCE & REPAIRS		6.01
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
11.01	01101	EMPLOYEE CAFETERIA		11.01
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMEDICAL ED PRGM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	54.01
54.02	03630	ULTRA SOUND	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
60.00	06000	LABORATORY	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	65.01
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
69.01	03140	CARDIOLOGY	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part II
Date/Time Prepared:
5/24/2018 1:59 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
76.99	07699 LI THOTRIPSY	25.00	26.00	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	167,262	90.00
91.00	09100 EMERGENCY	0	126,935	91.00
92.00	09200 OBSERVATION BEDS	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	4	95.00
101.00	10100 HOME HEALTH AGENCY	0	61,817	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	5,064,837	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950 MARKETING	0	26,487	194.00
194.01	07951 BUSINESS HEALTH	0	29,057	194.01
194.02	07952 VI TACARE	0	1	194.02
194.03	07953 CASCADE CLINIC	0	187,122	194.03
194.04	07954 ORTHOPEDIC CLINIC	0	106,907	194.04
194.05	07955 ENT CLINIC	0	0	194.05
194.06	07956 RSVP	0	7,267	194.06
194.07	07957 CONTRACT CLEANING	0	0	194.07
194.08	07958 DIM MAINTENANCE	0	0	194.08
194.09	07959 RENTAL PROPERTY	0	36,406	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	0	81,112	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	0	5	194.11
194.12	07962 LIFESTYLES	0	1,474	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	194.13
194.14	07964 FOUNDATION	0	0	194.14
194.15	07965 PHYSICIAN BILLING	0	19	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	194.16
194.17	07967 NONREIMBURSABLE	0	245	194.17
194.18	07968 CONTRACTED ULTRASOUND	0	3	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	0	4,078	194.19
194.20	07970 RETAIL PHARMACIES	0	32,508	194.20
194.22	07972 PHYSICIAN CLINICS	0	250,485	194.22
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	5,828,013	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/24/2018 1:59 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	344,385	0			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		0			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	46,627,699		4.00
5.01 00590	ADMINISTRATIVE & GENERAL	885	0	1,005,068	-16,416,148	96,009,536
5.02 00591	REHAB ADMINISTRATION	0	0	174,515	0	229,395
5.03 00592	RADIOLOGY ADMINISTRATION	0	0	363,488	0	480,365
5.04 00593	OCCUPATIONAL HEALTH ADMINISTRATION	0	0	314,015	0	404,969
5.05 00560	PURCHASING RECEIVING AND STORES	0	0	357,618	0	443,793
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
6.01 00601	MAINTENANCE & REPAIRS	1,036	0	0	0	1,818,032
7.00 00700	OPERATION OF PLANT	0	0	1,055,188	0	4,966,691
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	386,364
9.00 00900	HOUSEKEEPING	3,091	0	829,367	0	1,674,683
10.00 01000	DIETARY	0	0	852,605	0	1,561,319
11.00 01100	CAFETERIA	0	0	0	0	0
11.01 01101	EMPLOYEE CAFETERIA	0	0	0	0	0
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	7,872	0	2,452,660	0	3,341,922
14.00 01400	CENTRAL SERVICES & SUPPLY	4,187	0	238,787	0	553,077
15.00 01500	PHARMACY	4,386	0	1,407,178	0	1,898,595
16.00 01600	MEDICAL RECORDS & LIBRARY	3,016	0	372,021	0	731,958
17.00 01700	SOCIAL SERVICE	2,524	0	614,260	0	803,256
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00 02300	PARAMEDICAL ED PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	36,061	0	4,787,677	0	6,957,962
31.00 03100	INTENSIVE CARE UNIT	5,077	0	1,019,274	0	1,464,833
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01 03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.02 03301	NURSING ADMINISTRATION	0	0	0	0	0
33.03 03303	GEROPSYCH REVENUE	0	0	0	0	0
33.04 03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.05 03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - I PF	6,747	0	692,908	0	1,500,343
41.00 04100	SUBPROVIDER - I RF	13,257	0	886,350	0	1,319,214
43.00 04300	NURSERY	5,154	0	967,130	0	1,308,096
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	33,614	0	2,607,753	0	7,384,701
51.00 05100	RECOVERY ROOM	19,841	0	1,595,886	0	2,366,464
52.00 05200	DELIVERY ROOM & LABOR ROOM	7,013	0	963,297	0	1,375,445
53.00 05300	ANESTHESIOLOGY	256	0	37,286	0	344,360
54.00 05400	RADIOLOGY-DIAGNOSTIC	13,776	0	564,311	0	1,103,067
54.01 03450	NUCLEAR MEDICINE - DIAGNOSTIC	663	0	141,366	0	352,907
54.02 03630	ULTRA SOUND	188	0	247,146	0	360,431
55.00 05500	RADIOLOGY-THERAPEUTIC	14,156	0	1,037,700	0	2,229,406
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	762	0	237,528	0	328,063
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,048	0	223,013	0	377,977
60.00 06000	LABORATORY	4,657	0	13,112	0	4,104,385
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	934	0	77,181	0	295,870
64.00 06400	INTRAVENOUS THERAPY	6,996	0	827,081	0	1,270,990
65.00 06500	RESPIRATORY THERAPY	2,129	0	455,768	0	712,919
65.01 03560	PULMONARY FUNCTION TESTING	615	0	145,953	0	228,719
66.00 06600	PHYSICAL THERAPY	17,972	0	2,127,259	0	2,876,763
67.00 06700	OCCUPATIONAL THERAPY	2,089	0	575,940	0	747,749
68.00 06800	SPEECH PATHOLOGY	1,671	0	346,104	0	461,359
69.00 06900	ELECTROCARDIOLOGY	1,095	0	102,145	0	168,128
69.01 03140	CARDIOLOGY	10,985	0	691,247	0	1,914,576
70.00 07000	ELECTROENCEPHALOGRAPHY	970	0	108,328	0	238,520
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	1,592,420
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	5,194,652
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,845,377
74.00 07400	RENAL DIALYSIS	1,080	0	0	0	200,343
76.00 03320	ELECTROSHOCK THERAPY	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/24/2018 1:59 pm

	Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)		
		BLDG & FIXT (SQARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00					4.00
76.97	07697	CARDIAC REHABILITATION	2,628	0	195,977	0	265,390	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	667	0	23,959	0	202,209	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	17,272	0	1,293,043	0	1,705,298	90.00
91.00	09100	EMERGENCY	10,439	0	3,619,684	0	2,435,940	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	15,027	95.00
101.00	10100	HOME HEALTH AGENCY	7,782	0	1,842,630	0	4,169,652	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	274,591	0	38,490,806	-16,416,148	79,713,974	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	3,432	0	222,784	0	601,492	194.00
194.01	07951	BUSINESS HEALTH	3,387	0	315,607	0	551,922	194.01
194.02	07952	VI TACARE	0	0	0	0	21	194.02
194.03	07953	CASCADE CLINIC	12,760	0	1,294,248	0	2,464,532	194.03
194.04	07954	ORTHOPEDIC CLINIC	13,854	0	1,453,064	0	2,604,401	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	946	0	32,658	0	66,489	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	45	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	12	194.08
194.09	07959	RENTAL PROPERTY	2,133	0	0	0	373,370	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	10,563	0	0	0	111,068	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	81,943	194.11
194.12	07962	LIFESTYLES	0	0	76,953	0	103,449	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI -STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	822	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	280,424	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	32,407	0	43,718	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	1,312,546	0	2,141,994	194.19
194.20	07970	RETAIL PHARMACIES	1,528	0	409,333	0	1,430,070	194.20
194.22	07972	PHYSICIAN CLINICS	21,191	0	2,987,293	0	5,440,612	194.22
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,465,243	0	-1,904,193		16,416,148	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.158392	0.000000	0.000000		0.170985	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0		6,335	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000		0.000066	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/24/2018 1:59 pm

Cost Center Description		REHAB	RADIOLOGY	Reconciliation	OCCUPATIONAL	Reconciliation	
		ADMINISTRATION	ADMINISTRATION		HEALTH		
		(DOLLAR VALUE)	(DOLLAR VALUE)		ADMINISTRATION		
		5.02	5.03	5A.04	(ACCUM. COST)	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	ADMINISTRATIVE & GENERAL					5.01
5.02	00591	REHAB ADMINISTRATION	7,872,107				5.02
5.03	00592	RADIOLOGY ADMINISTRATION	0	2,753,263			5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	0	0	-474,213	111,951,471	5.04
5.05	00560	PURCHASING RECEIVING AND STORES	0	0	0	519,675	-521,876
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
6.01	00601	MAINTENANCE & REPAIRS	0	0	0	2,128,888	0
7.00	00700	OPERATION OF PLANT	0	0	0	5,815,921	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	452,426	0
9.00	00900	HOUSEKEEPING	0	0	0	1,961,029	0
10.00	01000	DIETARY	0	0	0	1,828,281	0
11.00	01100	CAFETERIA	0	0	0	0	0
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	0	3,913,341	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	647,645	0
15.00	01500	PHARMACY	0	0	0	2,223,226	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	857,112	0
17.00	01700	SOCIAL SERVICE	0	0	0	940,601	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	8,147,669	0
31.00	03100	INTENSIVE CARE UNIT	0	0	0	1,715,297	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	1,756,879	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	1,544,780	0
43.00	04300	NURSERY	0	0	0	1,531,761	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	8,647,332	0
51.00	05100	RECOVERY ROOM	0	0	0	2,771,094	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,610,625	0
53.00	05300	ANESTHESIOLOGY	0	0	0	403,240	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,081,354	0	1,512,598	0
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	537,460	0	523,054	0
54.02	03630	ULTRA SOUND	0	373,699	0	498,407	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	2,610,601	0
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	362,000	0	458,115	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	398,750	0	524,071	0
60.00	06000	LABORATORY	0	0	0	4,806,173	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	346,459	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,488,310	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	834,817	0
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	267,827	0
66.00	06600	PHYSICAL THERAPY	2,976,221	0	0	3,470,204	0
67.00	06700	OCCUPATIONAL THERAPY	441,123	0	0	890,655	0
68.00	06800	SPEECH PATHOLOGY	236,179	0	0	548,303	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	196,875	0
69.01	03140	CARDIOLOGY	0	0	0	2,241,940	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	279,303	0
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	1,864,700	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	6,082,860	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,331,894	0
74.00	07400	RENAL DIALYSIS	0	0	0	234,599	0
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	310,768	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	236,784	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/24/2018 1:59 pm

Cost Center Description		REHAB ADMINISTRATION (DOLLAR VALUE)	RADIOLOGY ADMINISTRATION (DOLLAR VALUE)	Reconciliation 5A.04	OCCUPATIONAL HEALTH ADMINISTRATION (ACCUM. COST) 5.04	Reconciliation 5A.05	
76.99	07699 LI THOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	1,996,878	0	90.00
91.00	09100 EMERGENCY	0	0	0	2,852,449	0	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	17,596	0	95.00
101.00	10100 HOME HEALTH AGENCY	4,218,584	0	0	5,026,549	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	7,872,107	2,753,263	-474,213	92,869,611	-521,876	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 MARKETING	0	0	0	704,338	0	194.00
194.01	07951 BUSINESS HEALTH	0	0	0	646,292	0	194.01
194.02	07952 VI TACARE	0	0	0	25	0	194.02
194.03	07953 CASCADE CLINIC	0	0	0	2,885,930	0	194.03
194.04	07954 ORTHOPEDIC CLINIC	0	0	0	3,049,715	0	194.04
194.05	07955 ENT CLINIC	0	0	0	0	0	194.05
194.06	07956 RSVP	0	0	0	77,858	0	194.06
194.07	07957 CONTRACT CLEANING	0	0	0	53	0	194.07
194.08	07958 DIM MAINTENANCE	0	0	0	14	0	194.08
194.09	07959 RENTAL PROPERTY	0	0	0	437,211	0	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	0	0	0	130,059	0	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	0	0	0	95,954	0	194.11
194.12	07962 LIFESTYLES	0	0	0	121,137	0	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964 FOUNDATION	0	0	822	0	822	194.14
194.15	07965 PHYSICIAN BILLING	0	0	0	328,372	0	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968 CONTRACTED ULTRASOUND	0	0	0	51,193	0	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	0	0	0	2,508,243	0	194.19
194.20	07970 RETAIL PHARMACIES	0	0	0	1,674,591	0	194.20
194.22	07972 PHYSICIAN CLINICS	0	0	0	6,370,875	0	194.22
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	268,618	562,500		474,213		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.034123	0.204303		0.004236		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	15	1,787		27		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000002	0.000649		0.000000		205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/24/2018 1:59 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.05	6.00	6.01	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	ADMINISTRATIVE & GENERAL					5.01
5.02	00591	REHAB ADMINISTRATION					5.02
5.03	00592	RADIOLOGY ADMINISTRATION					5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION					5.04
5.05	00560	PURCHASING RECEIVING AND STORES	111,903,808				5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
6.01	00601	MAINTENANCE & REPAIRS	2,137,906	0	342,464		6.01
7.00	00700	OPERATION OF PLANT	5,840,557	0	0	342,464	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	454,342	0	0	612,691	8.00
9.00	00900	HOUSEKEEPING	1,969,336	0	3,091	3,091	0
10.00	01000	DIETARY	1,836,026	0	0	0	0
11.00	01100	CAFETERIA	0	0	0	0	0
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	3,929,918	0	7,872	7,872	1,437
14.00	01400	CENTRAL SERVICES & SUPPLY	650,388	0	4,187	4,187	34,589
15.00	01500	PHARMACY	2,232,644	0	4,386	4,386	2,201
16.00	01600	MEDICAL RECORDS & LIBRARY	860,743	0	3,016	3,016	0
17.00	01700	SOCIAL SERVICE	944,585	0	2,524	2,524	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	8,182,183	0	36,061	36,061	145,820
31.00	03100	INTENSIVE CARE UNIT	1,722,563	0	5,077	5,077	27,116
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	1,764,321	0	6,747	6,747	9,468
41.00	04100	SUBPROVIDER - I RF	1,551,324	0	13,257	13,257	16,244
43.00	04300	NURSERY	1,538,250	0	5,154	5,154	14,607
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,683,945	0	33,614	33,614	69,461
51.00	05100	RECOVERY ROOM	2,782,832	0	19,841	19,841	59,175
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,617,448	0	7,013	7,013	24,116
53.00	05300	ANESTHESIOLOGY	404,948	0	256	256	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,519,005	0	13,776	13,776	36,084
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	525,270	0	663	663	0
54.02	03630	ULTRA SOUND	500,518	0	188	188	646
55.00	05500	RADIOLOGY-THERAPEUTIC	2,621,660	0	14,156	14,156	22,104
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	460,056	0	762	762	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	526,291	0	1,048	1,048	0
60.00	06000	LABORATORY	4,826,532	0	4,657	4,657	383
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	347,927	0	934	934	2,530
64.00	06400	INTRAVENOUS THERAPY	1,494,614	0	6,996	6,996	34,096
65.00	06500	RESPIRATORY THERAPY	838,353	0	2,129	2,129	40
65.01	03560	PULMONARY FUNCTION TESTING	268,962	0	615	615	10
66.00	06600	PHYSICAL THERAPY	3,484,904	0	17,972	17,972	4,256
67.00	06700	OCCUPATIONAL THERAPY	894,428	0	2,089	2,089	0
68.00	06800	SPEECH PATHOLOGY	550,626	0	1,671	1,671	1,421
69.00	06900	ELECTROCARDIOLOGY	197,709	0	1,095	1,095	3,646
69.01	03140	CARDIOLOGY	2,251,437	0	10,985	10,985	15,237
70.00	07000	ELECTROENCEPHALOGRAPHY	280,486	0	970	970	1,975
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	1,872,599	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,108,627	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	3,346,008	0	0	0	0
74.00	07400	RENAL DIALYSIS	235,593	0	1,080	1,080	579
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	312,084	0	2,628	2,628	96
76.98	07698	HYPERBARIC OXYGEN THERAPY	237,787	0	667	667	3,130
76.99	07699	LITHOTRIPSY	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/24/2018 1:59 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)		
		5.05	6.00	6.01	7.00	8.00		
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,005,337	0	17,272	17,272	9,667	90.00
91.00	09100	EMERGENCY	2,864,532	0	10,439	10,439	70,159	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	17,671	0	0	0	335	95.00
101.00	10100	HOME HEALTH AGENCY	5,047,841	0	7,782	7,782	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	92,741,116	0	272,670	272,670	610,628	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	707,322	0	3,432	3,432	0	194.00
194.01	07951	BUSINESS HEALTH	649,030	0	3,387	3,387	0	194.01
194.02	07952	VITACARE	25	0	0	0	0	194.02
194.03	07953	CASCADE CLINIC	2,898,155	0	12,760	12,760	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	3,062,634	0	13,854	13,854	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	78,188	0	946	946	0	194.06
194.07	07957	CONTRACT CLEANING	53	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	14	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	439,063	0	2,133	2,133	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	130,610	0	10,563	10,563	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	96,360	0	0	0	0	194.11
194.12	07962	LIFESTYLES	121,650	0	0	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	329,763	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	51,410	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	2,518,868	0	0	0	741	194.19
194.20	07970	RETAIL PHARMACIES	1,681,685	0	1,528	1,528	0	194.20
194.22	07972	PHYSICIAN CLINICS	6,397,862	0	21,191	21,191	1,322	194.22
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	521,876	0	2,147,877	5,867,797	456,461	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.004664	0.000000	6.271833	17.134055	0.745010	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	29	0	28,718	111,990	26	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.083857	0.327012	0.000042	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/24/2018 1:59 pm

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	EMPLOYEE CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		9.00	10.00	11.00	11.01	12.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00591						5.02
5.03	00592						5.03
5.04	00593						5.04
5.05	00560						5.05
6.00	00600						6.00
6.01	00601						6.01
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	339,373					9.00
10.00	01000	0	59,335				10.00
11.00	01100	0	0	0			11.00
11.01	01101	0	0	0	0		11.01
12.00	01200	0	0	0	0	0	12.00
13.00	01300	7,872	0	0	0	0	13.00
14.00	01400	4,187	0	0	0	0	14.00
15.00	01500	4,386	0	0	0	0	15.00
16.00	01600	3,016	0	0	0	0	16.00
17.00	01700	2,524	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	36,061	37,612	0	0	0	30.00
31.00	03100	5,077	5,547	0	0	0	31.00
33.00	03300	0	0	0	0	0	33.00
33.01	03302	0	0	0	0	0	33.01
33.02	03301	0	0	0	0	0	33.02
33.03	03303	0	0	0	0	0	33.03
33.04	03304	0	0	0	0	0	33.04
33.05	03305	0	0	0	0	0	33.05
34.00	03400	0	0	0	0	0	34.00
40.00	04000	6,747	8,067	0	0	0	40.00
41.00	04100	13,257	6,765	0	0	0	41.00
43.00	04300	5,154	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	33,614	0	0	0	0	50.00
51.00	05100	19,841	9	0	0	0	51.00
52.00	05200	7,013	0	0	0	0	52.00
53.00	05300	256	0	0	0	0	53.00
54.00	05400	13,776	0	0	0	0	54.00
54.01	03450	663	0	0	0	0	54.01
54.02	03630	188	0	0	0	0	54.02
55.00	05500	14,156	0	0	0	0	55.00
57.00	05700	762	0	0	0	0	57.00
58.00	05800	1,048	0	0	0	0	58.00
60.00	06000	4,657	0	0	0	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	934	0	0	0	0	63.00
64.00	06400	6,996	116	0	0	0	64.00
65.00	06500	2,129	0	0	0	0	65.00
65.01	03560	615	0	0	0	0	65.01
66.00	06600	17,972	0	0	0	0	66.00
67.00	06700	2,089	0	0	0	0	67.00
68.00	06800	1,671	0	0	0	0	68.00
69.00	06900	1,095	0	0	0	0	69.00
69.01	03140	10,985	334	0	0	0	69.01
70.00	07000	970	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	1,080	0	0	0	0	74.00
76.00	03320	0	0	0	0	0	76.00
76.97	07697	2,628	0	0	0	0	76.97
76.98	07698	667	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/24/2018 1:59 pm

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	EMPLOYEE CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		9.00	10.00	11.00	11.01	12.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	17,272	0	0	0	0	90.00
91.00	09100 EMERGENCY	10,439	269	0	0	0	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100 HOME HEALTH AGENCY	7,782	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	269,579	58,719	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 MARKETING	3,432	0	0	0	0	194.00
194.01	07951 BUSINESS HEALTH	3,387	0	0	0	0	194.01
194.02	07952 VITACARE	0	0	0	0	0	194.02
194.03	07953 CASCADE CLINIC	12,760	0	0	0	0	194.03
194.04	07954 ORTHOPEDIC CLINIC	13,854	0	0	0	0	194.04
194.05	07955 ENT CLINIC	0	0	0	0	0	194.05
194.06	07956 RSVP	946	0	0	0	0	194.06
194.07	07957 CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958 DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959 RENTAL PROPERTY	2,133	0	0	0	0	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	10,563	0	0	0	0	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962 LIFESTYLES	0	0	0	0	0	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964 FOUNDATION	0	0	0	0	0	194.14
194.15	07965 PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	0	616	0	0	0	194.17
194.18	07968 CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
194.20	07970 RETAIL PHARMACIES	1,528	0	0	0	0	194.20
194.22	07972 PHYSICIAN CLINICS	21,191	0	0	0	0	194.22
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,050,868	1,844,589	0	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	6.043109	31.087705	0.000000	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	36,975	23,582	0	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.108951	0.397438	0.000000	0.000000	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1
Date/Time Prepared:
5/24/2018 1:59 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION	765,099					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	11,851,130				14.00
15.00	01500	PHARMACY	0	38,541	4,016,248			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	77	0	295,637,869		16.00
17.00	01700	SOCIAL SERVICE	0	743	0	0	21,373	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	164,942	282,009	0	16,914,293	12,527	30.00
31.00	03100	INTENSIVE CARE UNIT	36,663	82,108	0	3,170,514	1,849	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	27,852	13,264	0	5,272,123	2,689	40.00
41.00	04100	SUBPROVIDER - IRF	28,537	33,469	0	3,997,931	2,255	41.00
43.00	04300	NURSERY	16,893	35,587	0	2,359,641	2,053	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	95,217	2,559,833	0	50,697,730	0	50.00
51.00	05100	RECOVERY ROOM	49,021	126,271	0	9,275,442	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,852	58,824	0	3,874,629	0	52.00
53.00	05300	ANESTHESIOLOGY	2,126	177,296	0	7,426,312	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,938	51,731	0	5,679,560	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	3,746	4,414	0	2,844,220	0	54.01
54.02	03630	ULTRA SOUND	4,999	20,051	0	3,106,911	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	25,483	22,578	0	21,043,817	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	6,952	22,208	0	12,987,886	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,101	8,205	0	6,906,442	0	58.00
60.00	06000	LABORATORY	513	319,658	0	14,789,825	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,722	15,573	0	921,475	0	63.00
64.00	06400	INTRAVENOUS THERAPY	26,443	80,353	0	6,665,242	0	64.00
65.00	06500	RESPIRATORY THERAPY	17,296	67,266	0	4,717,120	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	5,625	22,621	0	2,635,934	0	65.01
66.00	06600	PHYSICAL THERAPY	64,220	23,051	0	8,248,232	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	16,174	4,064	0	2,778,378	0	67.00
68.00	06800	SPEECH PATHOLOGY	8,996	5,170	0	1,340,259	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,017	9,955	0	1,180,546	0	69.00
69.01	03140	CARDIOLOGY	18,806	484,019	0	15,179,791	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	3,844	4,934	0	737,223	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	1,592,420	0	12,907,597	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	5,194,651	0	9,205,794	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,845,376	26,146,459	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	410,534	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	5,201	1,074	0	697,381	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,381	648	0	886,453	0	76.98

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/24/2018 1:59 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
76.99	07699 LI THOTRIPSY	13.00	14.00	15.00	16.00	17.00	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	31,831	130,549	0	10,051,882	0	90.00
91.00	09100 EMERGENCY	40,708	170,856	0	16,297,900	0	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	36,170	0	95.00
101.00	10100 HOME HEALTH AGENCY	0	64,952	0	4,246,223	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	765,099	11,729,023	2,845,376	295,637,869	21,373	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 MARKETING	0	0	0	0	0	194.00
194.01	07951 BUSINESS HEALTH	0	12,030	16,968	0	0	194.01
194.02	07952 VITACARE	0	0	22	0	0	194.02
194.03	07953 CASCADE CLINIC	0	17,120	102,788	0	0	194.03
194.04	07954 ORTHOPEDIC CLINIC	0	82	15,342	0	0	194.04
194.05	07955 ENT CLINIC	0	0	0	0	0	194.05
194.06	07956 RSVP	0	28	0	0	0	194.06
194.07	07957 CONTRACT CLEANING	0	45	0	0	0	194.07
194.08	07958 DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959 RENTAL PROPERTY	0	474	0	0	0	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	0	3	0	0	0	194.11
194.12	07962 LIFESTYLES	0	99	0	0	0	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964 FOUNDATION	0	0	0	0	0	194.14
194.15	07965 PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968 CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	0	3,535	0	0	0	194.19
194.20	07970 RETAIL PHARMACIES	0	1,908	876,951	0	0	194.20
194.22	07972 PHYSICIAN CLINICS	0	86,783	158,801	0	0	194.22
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,181,140	802,492	2,376,470	953,581	1,023,370	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	5.464835	0.067714	0.591714	0.003226	47.881439	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	86,029	69,890	94,673	26,250	19,437	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.112442	0.005897	0.023572	0.000089	0.909418	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/24/2018 1:59 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMEDICAL ED PRGM (ASSIGNED TIME)	
			SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)		
			19.00	20.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00590 ADMINI STRATIVE & GENERAL						5.01
5.02 00591 REHAB ADMINI STRATION						5.02
5.03 00592 RADIOLOGY ADMINI STRATION						5.03
5.04 00593 OCCUPATIONAL HEALTH ADMINI STRATION						5.04
5.05 00560 PURCHASING RECEIVING AND STORES						5.05
6.00 00600 MAINTENANCE & REPAIRS						6.00
6.01 00601 MAINTENANCE & REPAIRS						6.01
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
11.01 01101 EMPLOYEE CAFETERIA						11.01
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINI STRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0					19.00
20.00 02000 NURSING SCHOOL		0				20.00
21.00 02100 I&R SRVCES-SALARY & FRINGES APPRVD			0			21.00
22.00 02200 I&R SRVCES-OTHER PRGM COSTS APPRVD				0		22.00
23.00 02300 PARAMEDICAL ED PRGM					0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01 03302 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02 03301 NURSING ADMINI STRATION	0	0	0	0	0	33.02
33.03 03303 GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04 03304 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05 03305 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02 03630 ULTRA SOUND	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 03140 RADIOLOGY	0	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03320 ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/24/2018 1:59 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMEDICAL ED PRGM (ASSIGNED TIME)		
			SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)			
			19.00	20.00			21.00
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98	
76.99 07699 LITHOTRIpsy	0	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	90.00	
91.00 09100 EMERGENCY	0	0	0	0	0	91.00	
92.00 09200 OBSERVATION BEDS						92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE						113.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)					0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
194.00 07950 MARKETING	0	0	0	0	0	194.00	
194.01 07951 BUSINESS HEALTH	0	0	0	0	0	194.01	
194.02 07952 VITACARE	0	0	0	0	0	194.02	
194.03 07953 CASCADE CLINIC	0	0	0	0	0	194.03	
194.04 07954 ORTHOPEDIC CLINIC	0	0	0	0	0	194.04	
194.05 07955 ENT CLINIC	0	0	0	0	0	194.05	
194.06 07956 RSVP	0	0	0	0	0	194.06	
194.07 07957 CONTRACT CLEANING	0	0	0	0	0	194.07	
194.08 07958 DIM MAINTENANCE	0	0	0	0	0	194.08	
194.09 07959 RENTAL PROPERTY	0	0	0	0	0	194.09	
194.10 07960 GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10	
194.11 07961 NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11	
194.12 07962 LIFESTYLES	0	0	0	0	0	194.12	
194.13 07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13	
194.14 07964 FOUNDATION	0	0	0	0	0	194.14	
194.15 07965 PHYSICIAN BILLING	0	0	0	0	0	194.15	
194.16 07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16	
194.17 07967 NONREIMBURSABLE	0	0	0	0	0	194.17	
194.18 07968 CONTRACTED ULTRASOUND	0	0	0	0	0	194.18	
194.19 07969 CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19	
194.20 07970 RETAIL PHARMACIES	0	0	0	0	0	194.20	
194.22 07972 PHYSICIAN CLINICS	0	0	0	0	0	194.22	
200.00	Cross Foot Adjustments					200.00	
201.00	Negative Cost Centers					201.00	
202.00	0	0	0	0	0	202.00	
202.00	Cost to be allocated (per Wkst. B, Part I)					0	
203.00	0.000000	0.000000	0.000000	0.000000	0.000000	203.00	
204.00	0	0	0	0	0	204.00	
204.00	Cost to be allocated (per Wkst. B, Part II)					0	
205.00	0.000000	0.000000	0.000000	0.000000	0.000000	205.00	
205.00	Unit cost multiplier (Wkst. B, Part II)					0	
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)					0	
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet C
Part I
Date/Time Prepared:
5/24/2018 1:59 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		12,135,068	4,208	12,139,276	30.00
31.00	03100	INTENSIVE CARE UNIT		2,377,433	0	2,377,433	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT		0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION		0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE		0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT		0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT		0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF		2,527,947	0	2,527,947	40.00
41.00	04100	SUBPROVIDER - I/RF		2,450,460	0	2,450,460	41.00
43.00	04300	NURSERY		1,908,726	0	1,908,726	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		10,623,137	0	10,623,137	50.00
51.00	05100	RECOVERY ROOM		3,730,839	0	3,730,839	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		2,018,174	0	2,018,174	52.00
53.00	05300	ANESTHESIOLOGY		461,956	0	461,956	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		2,100,376	0	2,100,376	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		577,190	0	577,190	54.01
54.02	03630	ULTRA SOUND		547,569	0	547,569	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		3,275,911	11,940	3,287,851	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		566,037	0	566,037	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		615,785	0	615,785	58.00
60.00	06000	LABORATORY		5,058,632	0	5,058,632	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		397,843	0	397,843	63.00
64.00	06400	INTRAVENOUS THERAPY		1,908,069	0	1,908,069	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,019,282	0	1,019,282	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	329,110	0	329,110	65.01
66.00	06600	PHYSICAL THERAPY	0	4,412,708	0	4,412,708	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,057,745	0	1,057,745	67.00
68.00	06800	SPEECH PATHOLOGY	0	657,298	0	657,298	68.00
69.00	06900	ELECTROCARDIOLOGY		254,563	0	254,563	69.00
69.01	03140	CARDIOLOGY		2,791,688	0	2,791,688	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		335,550	2,836	338,386	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		2,030,802	0	2,030,802	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		6,518,571	0	6,518,571	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		5,129,611	0	5,129,611	73.00
74.00	07400	RENAL DIALYSIS		270,253	0	270,253	74.00
76.00	03320	ELECTROSHOCK THERAPY		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		421,749	0	421,749	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY		271,321	0	271,321	76.98
76.99	07699	LI THOTRI PSY		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		2,745,753	1,042	2,746,795	90.00
91.00	09100	EMERGENCY		3,532,551	2,393	3,534,944	91.00
92.00	09200	OBSERVATION BEDS		1,279,559	0	1,279,559	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES		18,120	0	18,120	95.00
101.00	10100	HOME HEALTH AGENCY		5,318,651	0	5,318,651	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	0	91,676,037	22,419	91,698,456	200.00
201.00		Less Observation Beds		1,279,559		1,279,559	201.00
202.00		Total (see instructions)	0	90,396,478	22,419	90,418,897	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet C
Part I
Date/Time Prepared:
5/24/2018 1:59 pm

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	15,030,777		15,030,777		30.00
31.00	03100	INTENSIVE CARE UNIT	3,170,514		3,170,514		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0		0		33.01
33.02	03301	NURSING ADMINISTRATION	0		0		33.02
33.03	03303	GEROPSYCH REVENUE	0		0		33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0		0		33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0		0		33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	5,272,123		5,272,123		40.00
41.00	04100	SUBPROVIDER - IRF	3,997,931		3,997,931		41.00
43.00	04300	NURSERY	2,359,641		2,359,641		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	14,686,057	36,011,673	50,697,730	0.209539	50.00
51.00	05100	RECOVERY ROOM	1,864,045	7,411,397	9,275,442	0.402228	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,654,992	219,637	3,874,629	0.520869	52.00
53.00	05300	ANESTHESIOLOGY	1,724,500	5,701,812	7,426,312	0.062205	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,347,268	4,332,292	5,679,560	0.369813	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	194,583	2,649,637	2,844,220	0.202934	54.01
54.02	03630	ULTRA SOUND	692,110	2,414,801	3,106,911	0.176242	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	134,395	20,909,422	21,043,817	0.155671	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	3,611,201	9,376,685	12,987,886	0.043582	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	507,324	6,399,118	6,906,442	0.089161	58.00
60.00	06000	LABORATORY	7,776,634	7,013,191	14,789,825	0.342035	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	676,924	244,551	921,475	0.431746	63.00
64.00	06400	INTRAVENOUS THERAPY	1,664,988	5,000,254	6,665,242	0.286272	64.00
65.00	06500	RESPIRATORY THERAPY	4,241,426	475,694	4,717,120	0.216081	65.00
65.01	03560	PULMONARY FUNCTION TESTING	2,119,023	516,911	2,635,934	0.124855	65.01
66.00	06600	PHYSICAL THERAPY	2,772,549	5,475,683	8,248,232	0.534988	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,718,056	1,060,322	2,778,378	0.380706	67.00
68.00	06800	SPEECH PATHOLOGY	864,940	475,319	1,340,259	0.490426	68.00
69.00	06900	ELECTROCARDIOLOGY	380,281	800,265	1,180,546	0.215632	69.00
69.01	03140	CARDIOLOGY	5,829,810	9,349,981	15,179,791	0.183908	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	50,861	686,362	737,223	0.455154	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	6,157,117	6,750,480	12,907,597	0.157334	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,450,792	3,755,002	9,205,794	0.708094	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,790,400	12,356,059	26,146,459	0.196188	73.00
74.00	07400	RENAL DIALYSIS	385,431	25,103	410,534	0.658296	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	1	697,380	697,381	0.604761	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,587	884,866	886,453	0.306075	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	692,245	9,359,637	10,051,882	0.273158	90.00
91.00	09100	EMERGENCY	2,582,571	13,715,329	16,297,900	0.216749	91.00
92.00	09200	OBSERVATION BEDS	336,996	1,546,520	1,883,516	0.679346	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	32,300	3,870	36,170	0.500968	95.00
101.00	10100	HOME HEALTH AGENCY	0	4,246,223	4,246,223		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	115,772,393	179,865,476	295,637,869		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	115,772,393	179,865,476	295,637,869		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 16-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/24/2018 1:59 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
33.01	03302	BURN INTENSIVE CARE UNIT			33.01
33.02	03301	NURSING ADMINISTRATION			33.02
33.03	03303	GEROPSYCH REVENUE			33.03
33.04	03304	BURN INTENSIVE CARE UNIT			33.04
33.05	03305	BURN INTENSIVE CARE UNIT			33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.209539		50.00
51.00	05100	RECOVERY ROOM	0.402228		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.520869		52.00
53.00	05300	ANESTHESIOLOGY	0.062205		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.369813		54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.202934		54.01
54.02	03630	ULTRA SOUND	0.176242		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.156238		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.043582		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.089161		58.00
60.00	06000	LABORATORY	0.342035		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.431746		63.00
64.00	06400	INTRAVENOUS THERAPY	0.286272		64.00
65.00	06500	RESPIRATORY THERAPY	0.216081		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.124855		65.01
66.00	06600	PHYSICAL THERAPY	0.534988		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.380706		67.00
68.00	06800	SPEECH PATHOLOGY	0.490426		68.00
69.00	06900	ELECTROCARDIOLOGY	0.215632		69.00
69.01	03140	CARDIOLOGY	0.183908		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.459001		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.157334		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.708094		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.196188		73.00
74.00	07400	RENAL DIALYSIS	0.658296		74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.604761		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.306075		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.273262		90.00
91.00	09100	EMERGENCY	0.216896		91.00
92.00	09200	OBSERVATION BEDS	0.679346		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.500968		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet C
Part I
Date/Time Prepared:
5/24/2018 1:59 pm

		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	12,135,068		12,135,068	4,208	12,139,276	30.00
31.00	03100 INTENSIVE CARE UNIT	2,377,433		2,377,433	0	2,377,433	31.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
33.01	03302 BURN INTENSIVE CARE UNIT	0		0	0	0	33.01
33.02	03301 NURSING ADMINISTRATION	0		0	0	0	33.02
33.03	03303 GEROPSYCH REVENUE	0		0	0	0	33.03
33.04	03304 BURN INTENSIVE CARE UNIT	0		0	0	0	33.04
33.05	03305 BURN INTENSIVE CARE UNIT	0		0	0	0	33.05
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000 SUBPROVIDER - I/PF	2,527,947		2,527,947	0	2,527,947	40.00
41.00	04100 SUBPROVIDER - I/RF	2,450,460		2,450,460	0	2,450,460	41.00
43.00	04300 NURSERY	1,908,726		1,908,726	0	1,908,726	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	10,623,137		10,623,137	0	10,623,137	50.00
51.00	05100 RECOVERY ROOM	3,730,839		3,730,839	0	3,730,839	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,018,174		2,018,174	0	2,018,174	52.00
53.00	05300 ANESTHESIOLOGY	461,956		461,956	0	461,956	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,100,376		2,100,376	0	2,100,376	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	577,190		577,190	0	577,190	54.01
54.02	03630 ULTRA SOUND	547,569		547,569	0	547,569	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	3,275,911		3,275,911	11,940	3,287,851	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	566,037		566,037	0	566,037	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	615,785		615,785	0	615,785	58.00
60.00	06000 LABORATORY	5,058,632		5,058,632	0	5,058,632	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	397,843		397,843	0	397,843	63.00
64.00	06400 INTRAVENOUS THERAPY	1,908,069		1,908,069	0	1,908,069	64.00
65.00	06500 RESPIRATORY THERAPY	1,019,282	0	1,019,282	0	1,019,282	65.00
65.01	03560 PULMONARY FUNCTION TESTING	329,110	0	329,110	0	329,110	65.01
66.00	06600 PHYSICAL THERAPY	4,412,708	0	4,412,708	0	4,412,708	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,057,745	0	1,057,745	0	1,057,745	67.00
68.00	06800 SPEECH PATHOLOGY	657,298	0	657,298	0	657,298	68.00
69.00	06900 ELECTROCARDIOLOGY	254,563		254,563	0	254,563	69.00
69.01	03140 RADIOLOGY	2,791,688		2,791,688	0	2,791,688	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	335,550		335,550	2,836	338,386	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	2,030,802		2,030,802	0	2,030,802	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	6,518,571		6,518,571	0	6,518,571	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,129,611		5,129,611	0	5,129,611	73.00
74.00	07400 RENAL DIALYSIS	270,253		270,253	0	270,253	74.00
76.00	03320 ELECTROSHOCK THERAPY	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	421,749		421,749	0	421,749	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	271,321		271,321	0	271,321	76.98
76.99	07699 LI THOTRI PSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	2,745,753		2,745,753	1,042	2,746,795	90.00
91.00	09100 EMERGENCY	3,532,551		3,532,551	2,393	3,534,944	91.00
92.00	09200 OBSERVATION BEDS	1,279,559		1,279,559	0	1,279,559	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	18,120		18,120	0	18,120	95.00
101.00	10100 HOME HEALTH AGENCY	5,318,651		5,318,651	0	5,318,651	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	91,676,037	0	91,676,037	22,419	91,698,456	200.00
201.00	Less Observation Beds	1,279,559		1,279,559		1,279,559	201.00
202.00	Total (see instructions)	90,396,478	0	90,396,478	22,419	90,418,897	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet C
Part I
Date/Time Prepared:
5/24/2018 1:59 pm

		Title XIX			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	15,030,777		15,030,777		30.00
31.00	03100	INTENSIVE CARE UNIT	3,170,514		3,170,514		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0		0		33.01
33.02	03301	NURSING ADMINISTRATION	0		0		33.02
33.03	03303	GEROPSYCH REVENUE	0		0		33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0		0		33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0		0		33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	5,272,123		5,272,123		40.00
41.00	04100	SUBPROVIDER - IRF	3,997,931		3,997,931		41.00
43.00	04300	NURSERY	2,359,641		2,359,641		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	14,686,057	36,011,673	50,697,730	0.209539	50.00
51.00	05100	RECOVERY ROOM	1,864,045	7,411,397	9,275,442	0.402228	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,654,992	219,637	3,874,629	0.520869	52.00
53.00	05300	ANESTHESIOLOGY	1,724,500	5,701,812	7,426,312	0.062205	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,347,268	4,332,292	5,679,560	0.369813	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	194,583	2,649,637	2,844,220	0.202934	54.01
54.02	03630	ULTRA SOUND	692,110	2,414,801	3,106,911	0.176242	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	134,395	20,909,422	21,043,817	0.155671	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	3,611,201	9,376,685	12,987,886	0.043582	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	507,324	6,399,118	6,906,442	0.089161	58.00
60.00	06000	LABORATORY	7,776,634	7,013,191	14,789,825	0.342035	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	676,924	244,551	921,475	0.431746	63.00
64.00	06400	INTRAVENOUS THERAPY	1,664,988	5,000,254	6,665,242	0.286272	64.00
65.00	06500	RESPIRATORY THERAPY	4,241,426	475,694	4,717,120	0.216081	65.00
65.01	03560	PULMONARY FUNCTION TESTING	2,119,023	516,911	2,635,934	0.124855	65.01
66.00	06600	PHYSICAL THERAPY	2,772,549	5,475,683	8,248,232	0.534988	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,718,056	1,060,322	2,778,378	0.380706	67.00
68.00	06800	SPEECH PATHOLOGY	864,940	475,319	1,340,259	0.490426	68.00
69.00	06900	ELECTROCARDIOLOGY	380,281	800,265	1,180,546	0.215632	69.00
69.01	03140	CARDIOLOGY	5,829,810	9,349,981	15,179,791	0.183908	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	50,861	686,362	737,223	0.455154	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	6,157,117	6,750,480	12,907,597	0.157334	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,450,792	3,755,002	9,205,794	0.708094	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,790,400	12,356,059	26,146,459	0.196188	73.00
74.00	07400	RENAL DIALYSIS	385,431	25,103	410,534	0.658296	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	1	697,380	697,381	0.604761	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,587	884,866	886,453	0.306075	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	692,245	9,359,637	10,051,882	0.273158	90.00
91.00	09100	EMERGENCY	2,582,571	13,715,329	16,297,900	0.216749	91.00
92.00	09200	OBSERVATION BEDS	336,996	1,546,520	1,883,516	0.679346	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	32,300	3,870	36,170	0.500968	95.00
101.00	10100	HOME HEALTH AGENCY	0	4,246,223	4,246,223		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	115,772,393	179,865,476	295,637,869		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	115,772,393	179,865,476	295,637,869		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 16-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/24/2018 1:59 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
33.01	03302	BURN INTENSIVE CARE UNIT			33.01
33.02	03301	NURSING ADMINISTRATION			33.02
33.03	03303	GEROPSYCH REVENUE			33.03
33.04	03304	BURN INTENSIVE CARE UNIT			33.04
33.05	03305	BURN INTENSIVE CARE UNIT			33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.209539		50.00
51.00	05100	RECOVERY ROOM	0.402228		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.520869		52.00
53.00	05300	ANESTHESIOLOGY	0.062205		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.369813		54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.202934		54.01
54.02	03630	ULTRA SOUND	0.176242		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.156238		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.043582		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.089161		58.00
60.00	06000	LABORATORY	0.342035		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.431746		63.00
64.00	06400	INTRAVENOUS THERAPY	0.286272		64.00
65.00	06500	RESPIRATORY THERAPY	0.216081		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.124855		65.01
66.00	06600	PHYSICAL THERAPY	0.534988		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.380706		67.00
68.00	06800	SPEECH PATHOLOGY	0.490426		68.00
69.00	06900	ELECTROCARDIOLOGY	0.215632		69.00
69.01	03140	CARDIOLOGY	0.183908		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.459001		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.157334		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.708094		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.196188		73.00
74.00	07400	RENAL DIALYSIS	0.658296		74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.604761		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.306075		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.273262		90.00
91.00	09100	EMERGENCY	0.216896		91.00
92.00	09200	OBSERVATION BEDS	0.679346		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.500968		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 16-0117

Period: From 01/01/2017 To 12/31/2017

Worksheet C Part II Date/Time Prepared: 5/24/2018 1:59 pm

Cost Center Description			Title XIX			Hospital		PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
			1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	10,623,137	1,152,058	9,471,079	0	0	50.00	
51.00	05100	RECOVERY ROOM	3,730,839	247,712	3,483,127	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,018,174	79,814	1,938,360	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	461,956	128,480	333,476	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,100,376	304,936	1,795,440	0	0	54.00	
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	577,190	11,131	566,059	0	0	54.01	
54.02	03630	ULTRA SOUND	547,569	41,118	506,451	0	0	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	3,275,911	840,229	2,435,682	0	0	55.00	
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	566,037	8,789	557,248	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	615,785	95,056	520,729	0	0	58.00	
60.00	06000	LABORATORY	5,058,632	40,208	5,018,424	0	0	60.00	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	397,843	9,637	388,206	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	1,908,069	81,788	1,826,281	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	1,019,282	46,212	973,070	0	0	65.00	
65.01	03560	PULMONARY FUNCTION TESTING	329,110	14,740	314,370	0	0	65.01	
66.00	06600	PHYSICAL THERAPY	4,412,708	164,973	4,247,735	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	1,057,745	21,546	1,036,199	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	657,298	19,144	638,154	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	254,563	21,386	233,177	0	0	69.00	
69.01	03140	CARDIOLOGY	2,791,688	409,314	2,382,374	0	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	335,550	33,851	301,699	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	2,030,802	10,645	2,020,157	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,518,571	31,800	6,486,771	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	5,129,611	69,588	5,060,023	0	0	73.00	
74.00	07400	RENAL DIALYSIS	270,253	8,343	261,910	0	0	74.00	
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	421,749	23,734	398,015	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	271,321	10,445	260,876	0	0	76.98	
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	2,745,753	167,262	2,578,491	0	0	90.00	
91.00	09100	EMERGENCY	3,532,551	126,935	3,405,616	0	0	91.00	
92.00	09200	OBSERVATION BEDS	1,279,559	47,502	1,232,057	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	18,120	4	18,116	0	0	95.00	
101.00	10100	HOME HEALTH AGENCY	5,318,651	61,817	5,256,834	0	0	101.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (sum of lines 50 thru 199)	70,276,403	4,330,197	65,946,206	0	0	200.00	
201.00		Less Observation Beds	1,279,559	47,502	1,232,057	0	0	201.00	
202.00		Total (line 200 minus line 201)	68,996,844	4,282,695	64,714,149	0	0	202.00	

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 16-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part II Date/Time Prepared: 5/24/2018 1:59 pm
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
		6.00	7.00	8.00	
Title XIX Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	10,623,137	50,697,730	0.209539	50.00
51.00	05100 RECOVERY ROOM	3,730,839	9,275,442	0.402228	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,018,174	3,874,629	0.520869	52.00
53.00	05300 ANESTHESIOLOGY	461,956	7,426,312	0.062205	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,100,376	5,679,560	0.369813	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	577,190	2,844,220	0.202934	54.01
54.02	03630 ULTRA SOUND	547,569	3,106,911	0.176242	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	3,275,911	21,043,817	0.155671	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	566,037	12,987,886	0.043582	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	615,785	6,906,442	0.089161	58.00
60.00	06000 LABORATORY	5,058,632	14,789,825	0.342035	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	397,843	921,475	0.431746	63.00
64.00	06400 INTRAVENOUS THERAPY	1,908,069	6,665,242	0.286272	64.00
65.00	06500 RESPIRATORY THERAPY	1,019,282	4,717,120	0.216081	65.00
65.01	03560 PULMONARY FUNCTION TESTING	329,110	2,635,934	0.124855	65.01
66.00	06600 PHYSICAL THERAPY	4,412,708	8,248,232	0.534988	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,057,745	2,778,378	0.380706	67.00
68.00	06800 SPEECH PATHOLOGY	657,298	1,340,259	0.490426	68.00
69.00	06900 ELECTROCARDIOLOGY	254,563	1,180,546	0.215632	69.00
69.01	03140 CARDIOLOGY	2,791,688	15,179,791	0.183908	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	335,550	737,223	0.455154	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	2,030,802	12,907,597	0.157334	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	6,518,571	9,205,794	0.708094	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,129,611	26,146,459	0.196188	73.00
74.00	07400 RENAL DIALYSIS	270,253	410,534	0.658296	74.00
76.00	03320 ELECTROSHOCK THERAPY	0	0	0.000000	76.00
76.97	07697 CARDIAC REHABILITATION	421,749	697,381	0.604761	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	271,321	886,453	0.306075	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	2,745,753	10,051,882	0.273158	90.00
91.00	09100 EMERGENCY	3,532,551	16,297,900	0.216749	91.00
92.00	09200 OBSERVATION BEDS	1,279,559	1,883,516	0.679346	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	18,120	36,170	0.500968	95.00
101.00	10100 HOME HEALTH AGENCY	5,318,651	4,246,223	1.252560	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
200.00	Subtotal (sum of lines 50 thru 199)	70,276,403	265,806,883		200.00
201.00	Less Observation Beds	1,279,559	0		201.00
202.00	Total (line 200 minus line 201)	68,996,844	265,806,883		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 16-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part I Date/Time Prepared: 5/24/2018 1:59 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	450,659	0	450,659	14,003	32.18	30.00
31.00	INTENSIVE CARE UNIT	81,816		81,816	1,849	44.25	31.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
33.01	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.01
33.02	NURSING ADMINISTRATION	0		0	0	0.00	33.02
33.03	GEROPSYCH REVENUE	0		0	0	0.00	33.03
33.04	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.04
33.05	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.05
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	63,114	0	63,114	2,689	23.47	40.00
41.00	SUBPROVIDER - IRF	127,843	0	127,843	2,255	56.69	41.00
43.00	NURSERY	58,710		58,710	2,053	28.60	43.00
200.00	Total (lines 30 through 199)	782,142		782,142	22,849		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,298	202,670				30.00
31.00	INTENSIVE CARE UNIT	775	34,294				31.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
33.01	BURN INTENSIVE CARE UNIT	0	0				33.01
33.02	NURSING ADMINISTRATION	0	0				33.02
33.03	GEROPSYCH REVENUE	0	0				33.03
33.04	BURN INTENSIVE CARE UNIT	0	0				33.04
33.05	BURN INTENSIVE CARE UNIT	0	0				33.05
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	2,115	49,639				40.00
41.00	SUBPROVIDER - IRF	1,300	73,697				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	10,488	360,300				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 16-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Prepared: 5/24/2018 1:59 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,152,058	50,697,730	0.022724	5,729,624	130,200	50.00
51.00	05100 RECOVERY ROOM	247,712	9,275,442	0.026706	790,602	21,114	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	79,814	3,874,629	0.020599	20,314	418	52.00
53.00	05300 ANESTHESIOLOGY	128,480	7,426,312	0.017301	652,574	11,290	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	304,936	5,679,560	0.053690	725,141	38,933	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	11,131	2,844,220	0.003914	123,756	484	54.01
54.02	03630 ULTRA SOUND	41,118	3,106,911	0.013234	308,632	4,084	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	840,229	21,043,817	0.039928	81,914	3,271	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	8,789	12,987,886	0.000677	1,816,704	1,230	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	95,056	6,906,442	0.013763	245,774	3,383	58.00
60.00	06000 LABORATORY	40,208	14,789,825	0.002719	3,648,575	9,920	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	9,637	921,475	0.010458	370,275	3,872	63.00
64.00	06400 INTRAVENOUS THERAPY	81,788	6,665,242	0.012271	855,019	10,492	64.00
65.00	06500 RESPIRATORY THERAPY	46,212	4,717,120	0.009797	2,559,354	25,074	65.00
65.01	03560 PULMONARY FUNCTION TESTING	14,740	2,635,934	0.005592	1,064,530	5,953	65.01
66.00	06600 PHYSICAL THERAPY	164,973	8,248,232	0.020001	990,386	19,809	66.00
67.00	06700 OCCUPATIONAL THERAPY	21,546	2,778,378	0.007755	426,662	3,309	67.00
68.00	06800 SPEECH PATHOLOGY	19,144	1,340,259	0.014284	189,614	2,708	68.00
69.00	06900 ELECTROCARDIOLOGY	21,386	1,180,546	0.018115	204,244	3,700	69.00
69.01	03140 RADIOLOGY	409,314	15,179,791	0.026964	3,019,220	81,410	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	33,851	737,223	0.045917	24,176	1,110	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	10,645	12,907,597	0.000825	3,121,523	2,575	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	31,800	9,205,794	0.003454	2,530,121	8,739	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	69,588	26,146,459	0.002661	6,195,464	16,486	73.00
74.00	07400 RENAL DIALYSIS	8,343	410,534	0.020322	205,683	4,180	74.00
76.00	03320 ELECTROSHOCK THERAPY	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	23,734	697,381	0.034033	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	10,445	886,453	0.011783	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	167,262	10,051,882	0.016640	293,229	4,879	90.00
91.00	09100 EMERGENCY	126,935	16,297,900	0.007788	1,358,861	10,583	91.00
92.00	09200 OBSERVATION BEDS	47,502	1,883,516	0.025220	163,559	4,125	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	4,268,376	261,524,490		37,715,530	433,331	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/24/2018 1:59 pm
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Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost
	1A	1.00	2A	2.00	3.00

INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	200.00

Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days
	4.00	5.00	6.00	7.00	8.00

INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	14,003	6,298	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,849	775	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	2,689	2,115	40.00
41.00	04100	SUBPROVIDER - IRF	0	2,255	1,300	41.00
43.00	04300	NURSERY	0	2,053	0	43.00
200.00		Total (lines 30 through 199)	0	22,849	10,488	200.00

Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)
	9.00

INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0			31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0			33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0			33.01
33.02	03301	NURSING ADMINISTRATION	0			33.02
33.03	03303	GEROPSYCH REVENUE	0			33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0			33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0			33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0			34.00
40.00	04000	SUBPROVIDER - IPF	0			40.00
41.00	04100	SUBPROVIDER - IRF	0			41.00
43.00	04300	NURSERY	0			43.00
200.00		Total (lines 30 through 199)	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/24/2018 1:59 pm
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Cost Center Description	Title XVIII				Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	0	54.01
54.02 03630 ULTRA SOUND	0	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01 03140 RADIOLOGY	0	0	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00 03320 ELECTROSHOCK THERAPY	0	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/24/2018 1:59 pm
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Cost Center Description		Title XVIII		Hospital		PPS		
		All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	50,697,730	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	9,275,442	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,874,629	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7,426,312	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	5,679,560	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	2,844,220	0.000000	54.01
54.02	03630	ULTRA SOUND	0	0	0	3,106,911	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	21,043,817	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	12,987,886	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	6,906,442	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	14,789,825	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	921,475	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	6,665,242	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	4,717,120	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	2,635,934	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	8,248,232	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,778,378	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,340,259	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,180,546	0.000000	69.00
69.01	03140	CARDIOLOGY	0	0	0	15,179,791	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	737,223	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	12,907,597	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	9,205,794	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	26,146,459	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	410,534	0.000000	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	697,381	0.000000	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	886,453	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	10,051,882	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	16,297,900	0.000000	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	1,883,516	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0			95.00
200.00		Total (Lines 50 through 199)	0	0	0	261,524,490		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/24/2018 1:59 pm
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Cost Center Description		Title XVIII				Hospital		
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS	
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	5,729,624	0	9,135,589	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	790,602	0	1,777,938	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	20,314	0	894	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	652,574	0	1,387,777	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	725,141	0	886,013	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	123,756	0	1,066,987	0	54.01
54.02	03630	ULTRA SOUND	0.000000	308,632	0	479,254	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	81,914	0	10,682,909	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	1,816,704	0	2,392,179	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	245,774	0	1,609,326	0	58.00
60.00	06000	LABORATORY	0.000000	3,648,575	0	1,826,622	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	370,275	0	140,359	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	855,019	0	1,213,576	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	2,559,354	0	129,773	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	1,064,530	0	193,709	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	990,386	0	41,515	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	426,662	0	21,952	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	189,614	0	4,869	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	204,244	0	235,386	0	69.00
69.01	03140	CARDIOLOGY	0.000000	3,019,220	0	4,115,533	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	24,176	0	240,772	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	3,121,523	0	2,074,459	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	2,530,121	0	1,262,359	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	6,195,464	0	3,456,089	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	205,683	0	16,705	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	364,411	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	598,351	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	293,229	0	3,663,717	0	90.00
91.00	09100	EMERGENCY	0.000000	1,358,861	0	2,666,956	0	91.00
92.00	09200	OBSERVATION BEDS	0.000000	163,559	0	487,265	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		37,715,530	0	52,173,244	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 16-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/24/2018 1:59 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.209539	9,135,589	0	0	1,914,262	50.00
51.00	05100 RECOVERY ROOM	0.402228	1,777,938	0	0	715,136	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.520869	894	0	0	466	52.00
53.00	05300 ANESTHESIOLOGY	0.062205	1,387,777	0	0	86,327	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.369813	886,013	0	0	327,659	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.202934	1,066,987	0	0	216,528	54.01
54.02	03630 ULTRA SOUND	0.176242	479,254	0	0	84,465	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.155671	10,682,909	0	0	1,663,019	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.043582	2,392,179	0	0	104,256	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.089161	1,609,326	0	0	143,489	58.00
60.00	06000 LABORATORY	0.342035	1,826,622	0	0	624,769	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.431746	140,359	0	0	60,599	63.00
64.00	06400 INTRAVENOUS THERAPY	0.286272	1,213,576	0	0	347,413	64.00
65.00	06500 RESPIRATORY THERAPY	0.216081	129,773	0	0	28,041	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.124855	193,709	0	0	24,186	65.01
66.00	06600 PHYSICAL THERAPY	0.534988	41,515	0	0	22,210	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.380706	21,952	0	0	8,357	67.00
68.00	06800 SPEECH PATHOLOGY	0.490426	4,869	0	0	2,388	68.00
69.00	06900 ELECTROCARDIOLOGY	0.215632	235,386	0	0	50,757	69.00
69.01	03140 RADIOLOGY	0.183908	4,115,533	0	0	756,879	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.455154	240,772	0	0	109,588	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.157334	2,074,459	0	0	326,383	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.708094	1,262,359	23,100	0	893,869	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.196188	3,456,089	0	41,733	678,043	73.00
74.00	07400 RENAL DIALYSIS	0.658296	16,705	0	0	10,997	74.00
76.00	03320 ELECTROSHOCK THERAPY	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.604761	364,411	0	0	220,382	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.306075	598,351	0	0	183,140	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.273158	3,663,717	0	0	1,000,774	90.00
91.00	09100 EMERGENCY	0.216749	2,666,956	0	0	578,060	91.00
92.00	09200 OBSERVATION BEDS	0.679346	487,265	0	0	331,022	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.500968		0			95.00
200.00	Subtotal (see instructions)		52,173,244	23,100	41,733	11,513,464	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		52,173,244	23,100	41,733	11,513,464	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 16-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/24/2018 1:59 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0		54.01
54.02 03630 ULTRA SOUND	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
60.00 06000 LABORATORY	0	0		60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0		65.01
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.01 03140 RADIOLOGY	0	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	16,357	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	8,188		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03320 ELECTROSHOCK THERAPY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00	Subtotal (see instructions)	16,357	8,188	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	16,357	8,188	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 16-0117 Component CCN: 16-S117		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 5/24/2018 1:59 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,152,058	50,697,730	0.022724	0	0	50.00
51.00	05100	RECOVERY ROOM	247,712	9,275,442	0.026706	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	79,814	3,874,629	0.020599	0	0	52.00
53.00	05300	ANESTHESIOLOGY	128,480	7,426,312	0.017301	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	304,936	5,679,560	0.053690	7,112	382	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	11,131	2,844,220	0.003914	0	0	54.01
54.02	03630	ULTRA SOUND	41,118	3,106,911	0.013234	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	840,229	21,043,817	0.039928	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	8,789	12,987,886	0.000677	24,712	17	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	95,056	6,906,442	0.013763	3,696	51	58.00
60.00	06000	LABORATORY	40,208	14,789,825	0.002719	99,341	270	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,637	921,475	0.010458	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	81,788	6,665,242	0.012271	2,464	30	64.00
65.00	06500	RESPIRATORY THERAPY	46,212	4,717,120	0.009797	91,822	900	65.00
65.01	03560	PULMONARY FUNCTION TESTING	14,740	2,635,934	0.005592	14,368	80	65.01
66.00	06600	PHYSICAL THERAPY	164,973	8,248,232	0.020001	70,664	1,413	66.00
67.00	06700	OCCUPATIONAL THERAPY	21,546	2,778,378	0.007755	48,590	377	67.00
68.00	06800	SPEECH PATHOLOGY	19,144	1,340,259	0.014284	18,982	271	68.00
69.00	06900	ELECTROCARDIOLOGY	21,386	1,180,546	0.018115	3,834	69	69.00
69.01	03140	CARDIOLOGY	409,314	15,179,791	0.026964	16,025	432	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	33,851	737,223	0.045917	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	10,645	12,907,597	0.000825	41,654	34	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	31,800	9,205,794	0.003454	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	69,588	26,146,459	0.002661	236,314	629	73.00
74.00	07400	RENAL DIALYSIS	8,343	410,534	0.020322	91,589	1,861	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	23,734	697,381	0.034033	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	10,445	886,453	0.011783	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	167,262	10,051,882	0.016640	793	13	90.00
91.00	09100	EMERGENCY	126,935	16,297,900	0.007788	31,243	243	91.00
92.00	09200	OBSERVATION BEDS	0	1,883,516	0.000000	3,764	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	4,220,874	261,524,490		806,967	7,072	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/24/2018 1:59 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02 03630 ULTRA SOUND	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 03140 CARDIOLOGY	0	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03320 ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/24/2018 1:59 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	50,697,730	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	9,275,442	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	3,874,629	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	7,426,312	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	5,679,560	0.000000	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	2,844,220	0.000000	54.01
54.02 03630 ULTRA SOUND	0	0	0	3,106,911	0.000000	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	21,043,817	0.000000	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	12,987,886	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	6,906,442	0.000000	58.00
60.00 06000 LABORATORY	0	0	0	14,789,825	0.000000	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	921,475	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	6,665,242	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	4,717,120	0.000000	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	2,635,934	0.000000	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	8,248,232	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	2,778,378	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,340,259	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	1,180,546	0.000000	69.00
69.01 03140 RADIOLOGY	0	0	0	15,179,791	0.000000	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	737,223	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	12,907,597	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	9,205,794	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	26,146,459	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	410,534	0.000000	74.00
76.00 03320 ELECTROSHOCK THERAPY	0	0	0	0	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	697,381	0.000000	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	886,453	0.000000	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	10,051,882	0.000000	90.00
91.00 09100 EMERGENCY	0	0	0	16,297,900	0.000000	91.00
92.00 09200 OBSERVATION BEDS	0	0	0	1,883,516	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	0	0	0	261,524,490	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 16-0117 Component CCN: 16-S117		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part IV Date/Time Prepared: 5/24/2018 1:59 pm	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	7,112	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	54.01
54.02	03630	ULTRA SOUND	0.000000	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	24,712	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	3,696	0	0	58.00
60.00	06000	LABORATORY	0.000000	99,341	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	2,464	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	91,822	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	14,368	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	70,664	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	48,590	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	18,982	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	3,834	0	0	69.00
69.01	03140	CARDIOLOGY	0.000000	16,025	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.000000	41,654	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	236,314	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	91,589	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	793	0	495	90.00
91.00	09100	EMERGENCY	0.000000	31,243	0	0	91.00
92.00	09200	OBSERVATION BEDS	0.000000	3,764	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)		806,967	0	495	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/24/2018 1:59 pm				
			Title XVIII	Subprovider - IPF	PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.209539	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0.402228	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.520869	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.062205	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.369813	0	0	0	54.00	
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.202934	0	0	0	54.01	
54.02	03630	ULTRA SOUND	0.176242	0	0	0	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.155671	0	0	0	55.00	
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.043582	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.089161	0	0	0	58.00	
60.00	06000	LABORATORY	0.342035	0	0	0	60.00	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.431746	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0.286272	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.216081	0	0	0	65.00	
65.01	03560	PULMONARY FUNCTION TESTING	0.124855	0	0	0	65.01	
66.00	06600	PHYSICAL THERAPY	0.534988	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.380706	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.490426	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.215632	0	0	0	69.00	
69.01	03140	CARDIOLOGY	0.183908	0	0	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.455154	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.157334	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.708094	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.196188	0	0	1,091	73.00	
74.00	07400	RENAL DIALYSIS	0.658296	0	0	0	74.00	
76.00	03320	ELECTROSHOCK THERAPY	0.000000	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0.604761	0	0	0	76.97	
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.306075	0	0	0	76.98	
76.99	07699	LITHOTRI PSY	0.000000	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.273158	495	0	0	135	90.00
91.00	09100	EMERGENCY	0.216749	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0.679346	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.500968		0			95.00
200.00		Subtotal (see instructions)		495	0	1,091	135	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		495	0	1,091	135	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/24/2018 1:59 pm
Title XVIII			Subprovider - IPF	PPS
Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000	OPERATING ROOM	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	54.01
54.02 03630	ULTRA SOUND	0	0	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
60.00 06000	LABORATORY	0	0	60.00
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	65.00
65.01 03560	PULMONARY FUNCTION TESTING	0	0	65.01
66.00 06600	PHYSICAL THERAPY	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	69.00
69.01 03140	CARDIOLOGY	0	0	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	214	73.00
74.00 07400	RENAL DIALYSIS	0	0	74.00
76.00 03320	ELECTROSHOCK THERAPY	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99 07699	LITHOTRIpsy	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000	CLINIC	0	0	90.00
91.00 09100	EMERGENCY	0	0	91.00
92.00 09200	OBSERVATION BEDS	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500	AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	0	214	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	0	214	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 16-0117 Component CCN: 16-T117		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 5/24/2018 1:59 pm	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,152,058	50,697,730	0.022724	10,052	228	50.00
51.00	05100	RECOVERY ROOM	247,712	9,275,442	0.026706	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	79,814	3,874,629	0.020599	0	0	52.00
53.00	05300	ANESTHESIOLOGY	128,480	7,426,312	0.017301	1,774	31	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	304,936	5,679,560	0.053690	16,991	912	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	11,131	2,844,220	0.003914	0	0	54.01
54.02	03630	ULTRA SOUND	41,118	3,106,911	0.013234	7,234	96	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	840,229	21,043,817	0.039928	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	8,789	12,987,886	0.000677	26,640	18	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	95,056	6,906,442	0.013763	3,696	51	58.00
60.00	06000	LABORATORY	40,208	14,789,825	0.002719	135,570	369	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,637	921,475	0.010458	7,188	75	63.00
64.00	06400	INTRAVENOUS THERAPY	81,788	6,665,242	0.012271	1,605	20	64.00
65.00	06500	RESPIRATORY THERAPY	46,212	4,717,120	0.009797	196,327	1,923	65.00
65.01	03560	PULMONARY FUNCTION TESTING	14,740	2,635,934	0.005592	85,104	476	65.01
66.00	06600	PHYSICAL THERAPY	164,973	8,248,232	0.020001	545,550	10,912	66.00
67.00	06700	OCCUPATIONAL THERAPY	21,546	2,778,378	0.007755	555,836	4,311	67.00
68.00	06800	SPEECH PATHOLOGY	19,144	1,340,259	0.014284	192,482	2,749	68.00
69.00	06900	ELECTROCARDIOLOGY	21,386	1,180,546	0.018115	1,846	33	69.00
69.01	03140	CARDIOLOGY	409,314	15,179,791	0.026964	2,840	77	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	33,851	737,223	0.045917	758	35	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	10,645	12,907,597	0.000825	94,561	78	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	31,800	9,205,794	0.003454	1,200	4	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	69,588	26,146,459	0.002661	191,582	510	73.00
74.00	07400	RENAL DIALYSIS	8,343	410,534	0.020322	27,640	562	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	23,734	697,381	0.034033	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	10,445	886,453	0.011783	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	167,262	10,051,882	0.016640	3,950	66	90.00
91.00	09100	EMERGENCY	126,935	16,297,900	0.007788	995	8	91.00
92.00	09200	OBSERVATION BEDS	0	1,883,516	0.000000	5,402	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	4,220,874	261,524,490		2,116,823	23,544	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0117 Component CCN: 16-T117	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/24/2018 1:59 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02 03630 ULTRA SOUND	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 03140 CARDIOLOGY	0	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03320 ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0117 Component CCN: 16-T117	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/24/2018 1:59 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	50,697,730	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	9,275,442	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	3,874,629	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	7,426,312	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	5,679,560	0.000000	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	2,844,220	0.000000	54.01
54.02 03630 ULTRA SOUND	0	0	0	3,106,911	0.000000	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	21,043,817	0.000000	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	12,987,886	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	6,906,442	0.000000	58.00
60.00 06000 LABORATORY	0	0	0	14,789,825	0.000000	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	921,475	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	6,665,242	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	4,717,120	0.000000	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	2,635,934	0.000000	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	8,248,232	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	2,778,378	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,340,259	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	1,180,546	0.000000	69.00
69.01 03140 RADIOLOGY	0	0	0	15,179,791	0.000000	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	737,223	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	12,907,597	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	9,205,794	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	26,146,459	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	410,534	0.000000	74.00
76.00 03320 ELECTROSHOCK THERAPY	0	0	0	0	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	697,381	0.000000	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	886,453	0.000000	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	10,051,882	0.000000	90.00
91.00 09100 EMERGENCY	0	0	0	16,297,900	0.000000	91.00
92.00 09200 OBSERVATION BEDS	0	0	0	1,883,516	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	0	0	0	261,524,490	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 16-0117 Component CCN: 16-T117		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part IV Date/Time Prepared: 5/24/2018 1:59 pm	
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	10,052	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	1,774	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	16,991	0	0	0	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	54.01
54.02	03630 ULTRA SOUND	0.000000	7,234	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	26,640	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	3,696	0	0	0	58.00
60.00	06000 LABORATORY	0.000000	135,570	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	7,188	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	1,605	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	196,327	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.000000	85,104	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	545,550	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	555,836	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	192,482	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,846	0	0	0	69.00
69.01	03140 RADIOLOGY	0.000000	2,840	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	758	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	94,561	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	1,200	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	191,582	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	27,640	0	0	0	74.00
76.00	03320 ELECTROSHOCK THERAPY	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	3,950	0	0	0	90.00
91.00	09100 EMERGENCY	0.000000	995	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0.000000	5,402	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		2,116,823	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 16-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part I Date/Time Prepared: 5/24/2018 1:59 pm
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Cost Center Description	Title XIX			Hospital	PPS	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	450,659	0	450,659	14,003	32.18	30.00
31.00 INTENSIVE CARE UNIT	81,816		81,816	1,849	44.25	31.00
33.00 BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
33.01 BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.01
33.02 NURSING ADMINISTRATION	0		0	0	0.00	33.02
33.03 GEROPSYCH REVENUE	0		0	0	0.00	33.03
33.04 BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.04
33.05 BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.05
34.00 SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00 SUBPROVIDER - IPF	63,114	0	63,114	2,689	23.47	40.00
41.00 SUBPROVIDER - IRF	127,843	0	127,843	2,255	56.69	41.00
43.00 NURSERY	58,710		58,710	2,053	28.60	43.00
200.00 Total (lines 30 through 199)	782,142		782,142	22,849		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00

INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	1,494	48,077				30.00
31.00 INTENSIVE CARE UNIT	137	6,062				31.00
33.00 BURN INTENSIVE CARE UNIT	0	0				33.00
33.01 BURN INTENSIVE CARE UNIT	0	0				33.01
33.02 NURSING ADMINISTRATION	0	0				33.02
33.03 GEROPSYCH REVENUE	0	0				33.03
33.04 BURN INTENSIVE CARE UNIT	0	0				33.04
33.05 BURN INTENSIVE CARE UNIT	0	0				33.05
34.00 SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00 SUBPROVIDER - IPF	0	0				40.00
41.00 SUBPROVIDER - IRF	252	14,286				41.00
43.00 NURSERY	878	25,111				43.00
200.00 Total (lines 30 through 199)	2,761	93,536				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 16-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Prepared: 5/24/2018 1:59 pm
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Cost Center Description		Title XIX			Hospital	PPS
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	1,152,058	50,697,730	0.022724	0	0 50.00
51.00	05100 RECOVERY ROOM	247,712	9,275,442	0.026706	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	79,814	3,874,629	0.020599	0	0 52.00
53.00	05300 ANESTHESIOLOGY	128,480	7,426,312	0.017301	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	304,936	5,679,560	0.053690	0	0 54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	11,131	2,844,220	0.003914	0	0 54.01
54.02	03630 ULTRA SOUND	41,118	3,106,911	0.013234	0	0 54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	840,229	21,043,817	0.039928	0	0 55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	8,789	12,987,886	0.000677	0	0 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	95,056	6,906,442	0.013763	0	0 58.00
60.00	06000 LABORATORY	40,208	14,789,825	0.002719	0	0 60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0 62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	9,637	921,475	0.010458	0	0 63.00
64.00	06400 INTRAVENOUS THERAPY	81,788	6,665,242	0.012271	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	46,212	4,717,120	0.009797	0	0 65.00
65.01	03560 PULMONARY FUNCTION TESTING	14,740	2,635,934	0.005592	0	0 65.01
66.00	06600 PHYSICAL THERAPY	164,973	8,248,232	0.020001	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	21,546	2,778,378	0.007755	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	19,144	1,340,259	0.014284	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	21,386	1,180,546	0.018115	0	0 69.00
69.01	03140 RADIOLOGY	409,314	15,179,791	0.026964	0	0 69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	33,851	737,223	0.045917	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	10,645	12,907,597	0.000825	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	31,800	9,205,794	0.003454	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	69,588	26,146,459	0.002661	0	0 73.00
74.00	07400 RENAL DIALYSIS	8,343	410,534	0.020322	0	0 74.00
76.00	03320 ELECTROSHOCK THERAPY	0	0	0.000000	0	0 76.00
76.97	07697 CARDIAC REHABILITATION	23,734	697,381	0.034033	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	10,445	886,453	0.011783	0	0 76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	167,262	10,051,882	0.016640	0	0 90.00
91.00	09100 EMERGENCY	126,935	16,297,900	0.007788	0	0 91.00
92.00	09200 OBSERVATION BEDS	47,502	1,883,516	0.025220	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (lines 50 through 199)	4,268,376	261,524,490		0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 16-0117		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part III Date/Time Prepared: 5/24/2018 1:59 pm	
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	14,003	0.00	1,494	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	1,849	0.00	137	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0.00	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0.00	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	2,689	0.00	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	2,255	0.00	252	41.00
43.00	04300	NURSERY	0	0	2,053	0.00	878	43.00
200.00		Total (lines 30 through 199)	0	0	22,849	0.00	2,761	200.00
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
			9.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0					33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0					33.01
33.02	03301	NURSING ADMINISTRATION	0					33.02
33.03	03303	GEROPSYCH REVENUE	0					33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0					33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0					33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
40.00	04000	SUBPROVIDER - IPF	0					40.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/24/2018 1:59 pm
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Cost Center Description	Title XIX				Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	0	54.01
54.02 03630 ULTRA SOUND	0	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01 03140 RADIOLOGY	0	0	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00 03320 ELECTROSHOCK THERAPY	0	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/24/2018 1:59 pm
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Cost Center Description		Title XIX			Hospital	PPS		
		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	50,697,730	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	9,275,442	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,874,629	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7,426,312	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	5,679,560	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	2,844,220	0.000000	54.01
54.02	03630	ULTRA SOUND	0	0	0	3,106,911	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	21,043,817	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	12,987,886	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	6,906,442	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	14,789,825	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	921,475	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	6,665,242	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	4,717,120	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	2,635,934	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	8,248,232	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,778,378	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,340,259	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,180,546	0.000000	69.00
69.01	03140	CARDIOLOGY	0	0	0	15,179,791	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	737,223	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	12,907,597	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	9,205,794	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	26,146,459	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	410,534	0.000000	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	697,381	0.000000	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	886,453	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	10,051,882	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	16,297,900	0.000000	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	1,883,516	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0			95.00
200.00		Total (Lines 50 through 199)	0	0	0	261,524,490		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/24/2018 1:59 pm
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Cost Center Description		Title XIX			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	54.01
54.02	03630 ULTRA SOUND	0.000000	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
60.00	06000 LABORATORY	0.000000	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03140 RADIOLOGY	0.000000	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03320 ELECTROSHOCK THERAPY	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES		0	0	0	0	95.00
200.00	Total (lines 50 through 199)		0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 16-0117 Component CCN: 16-S117		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 5/24/2018 1:59 pm	
			Title XIX		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,152,058	50,697,730	0.022724	0	0	50.00
51.00	05100	RECOVERY ROOM	247,712	9,275,442	0.026706	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	79,814	3,874,629	0.020599	0	0	52.00
53.00	05300	ANESTHESIOLOGY	128,480	7,426,312	0.017301	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	304,936	5,679,560	0.053690	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	11,131	2,844,220	0.003914	0	0	54.01
54.02	03630	ULTRA SOUND	41,118	3,106,911	0.013234	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	840,229	21,043,817	0.039928	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	8,789	12,987,886	0.000677	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	95,056	6,906,442	0.013763	0	0	58.00
60.00	06000	LABORATORY	40,208	14,789,825	0.002719	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,637	921,475	0.010458	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	81,788	6,665,242	0.012271	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	46,212	4,717,120	0.009797	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	14,740	2,635,934	0.005592	0	0	65.01
66.00	06600	PHYSICAL THERAPY	164,973	8,248,232	0.020001	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	21,546	2,778,378	0.007755	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	19,144	1,340,259	0.014284	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	21,386	1,180,546	0.018115	0	0	69.00
69.01	03140	CARDIOLOGY	409,314	15,179,791	0.026964	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	33,851	737,223	0.045917	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	10,645	12,907,597	0.000825	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	31,800	9,205,794	0.003454	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	69,588	26,146,459	0.002661	0	0	73.00
74.00	07400	RENAL DIALYSIS	8,343	410,534	0.020322	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	23,734	697,381	0.034033	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	10,445	886,453	0.011783	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	167,262	10,051,882	0.016640	0	0	90.00
91.00	09100	EMERGENCY	126,935	16,297,900	0.007788	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	1,883,516	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	4,220,874	261,524,490		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/24/2018 1:59 pm
	Title XIX	Subprovider - IPF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02 03630 ULTRA SOUND	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 03140 RADIOLOGY	0	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03320 ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/24/2018 1:59 pm
Title XIX		Subprovider - IPF	PPS

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	50,697,730	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	9,275,442	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	3,874,629	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	7,426,312	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	5,679,560	0.000000	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	2,844,220	0.000000	54.01
54.02 03630 ULTRA SOUND	0	0	0	3,106,911	0.000000	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	21,043,817	0.000000	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	12,987,886	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	6,906,442	0.000000	58.00
60.00 06000 LABORATORY	0	0	0	14,789,825	0.000000	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	921,475	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	6,665,242	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	4,717,120	0.000000	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	2,635,934	0.000000	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	8,248,232	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	2,778,378	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,340,259	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	1,180,546	0.000000	69.00
69.01 03140 CARDIOLOGY	0	0	0	15,179,791	0.000000	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	737,223	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	12,907,597	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	9,205,794	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	26,146,459	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	410,534	0.000000	74.00
76.00 03320 ELECTROSHOCK THERAPY	0	0	0	0	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	697,381	0.000000	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	886,453	0.000000	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	10,051,882	0.000000	90.00
91.00 09100 EMERGENCY	0	0	0	16,297,900	0.000000	91.00
92.00 09200 OBSERVATION BEDS	0	0	0	1,883,516	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	0	0	0	261,524,490	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/24/2018 1:59 pm
	Title XIX	Subprovider - IPF	PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	54.01
54.02	03630 ULTRA SOUND	0.000000	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
60.00	06000 LABORATORY	0.000000	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03140 RADIOLOGY	0.000000	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03320 ELECTROSHOCK THERAPY	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/24/2018 1:59 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		14,003	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		14,003	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		12,527	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		6,298	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		12,139,276	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		12,139,276	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		12,139,276	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		866.91	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,459,799	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		5,459,799	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 16-0117		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1	
			Title XVIII		Hospital		PPS	
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
			1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	2,377,433	1,849	1,285.79	775	996,487		43.00
44.00	CORONARY CARE UNIT							44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.01
45.02	NURSING ADMINISTRATION	0	0	0.00	0	0	0	45.02
45.03	GEROPSYCH REVENUE	0	0	0.00	0	0	0	45.03
45.04	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.04
45.05	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.05
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					9,885,033		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					16,341,319		49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					236,964		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					433,331		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					670,295		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					15,671,024		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						1,476	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						866.91	88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0117		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/24/2018 1:59 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
89.00 Observation bed cost (line 87 x line 88) (see instructions)						1.00 1,279,559 89.00	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	450,659	12,139,276	0.037124	1,279,559	47,502	90.00
91.00	Nursing School cost	0	12,139,276	0.000000	1,279,559	0	91.00
92.00	Allied health cost	0	12,139,276	0.000000	1,279,559	0	92.00
93.00	All other Medical Education	0	12,139,276	0.000000	1,279,559	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/24/2018 1:59 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,689	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,689	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,689	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,115	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,527,947	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,527,947	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,527,947	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		940.11	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,988,333	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,988,333	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 16-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1	
				Component CCN: 16-S117	Date/Time Prepared: 5/24/2018 1:59 pm		
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
45.01 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.01
45.02 NURSING ADMINISTRATION	0	0	0.00	0	0	0	45.02
45.03 GEROPSYCH REVENUE	0	0	0.00	0	0	0	45.03
45.04 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.04
45.05 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.05
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					252,500		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,240,833		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					49,639		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					7,072		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					56,711		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,184,122		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/24/2018 1:59 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description						1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	63,114	2,527,947	0.024967	0	0	90.00
91.00	Nursing School cost	0	2,527,947	0.000000	0	0	91.00
92.00	Allied health cost	0	2,527,947	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,527,947	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0117 Component CCN: 16-T117	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/24/2018 1:59 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,255	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,255	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,255	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,300	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,450,460	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,450,460	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,450,460	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,086.68	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,412,684	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,412,684	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 16-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1	
				Component CCN: 16-T117	Date/Time Prepared: 5/24/2018 1:59 pm		
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
45.01 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.01
45.02 NURSING ADMINISTRATION	0	0	0.00	0	0		45.02
45.03 GEROPSYCH REVENUE	0	0	0.00	0	0		45.03
45.04 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.04
45.05 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.05
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					789,859		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,202,543		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					73,697		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					23,544		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					97,241		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,105,302		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0117 Component CCN: 16-T117	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/24/2018 1:59 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description						1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	127,843	2,450,460	0.052171	0	0	90.00
91.00	Nursing School cost	0	2,450,460	0.000000	0	0	91.00
92.00	Allied health cost	0	2,450,460	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,450,460	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/24/2018 1:59 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		14,003	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		14,003	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		12,527	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,494	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		2,053	15.00
16.00	Nursery days (title V or XIX only)		878	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		12,139,276	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		12,139,276	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		12,139,276	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		866.91	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,295,164	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,295,164	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 16-0117		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/24/2018 1:59 pm	
Cost Center Description			Title XIX		Hospital		PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
42.00	NURSERY (title V & XIX only)	1,908,726	2,053	929.73	878	816,303		42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	2,377,433	1,849	1,285.79	137	176,153		43.00
44.00	CORONARY CARE UNIT							44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.01
45.02	NURSING ADMINISTRATION	0	0	0.00	0	0		45.02
45.03	GEROPSYCH REVENUE	0	0	0.00	0	0		45.03
45.04	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.04
45.05	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.05
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description						1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,287,620		49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					79,250		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					79,250		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,208,370		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges					0		54.00
55.00	Target amount per discharge					0.00		55.00
56.00	Target amount (line 54 x line 55)					0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00	Bonus payment (see instructions)					0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00	Relief payment (see instructions)					0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)					1,476		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					866.91		88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0117		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/24/2018 1:59 pm	
Cost Center Description		Title XIX		Hospital		PPS	
89.00 Observation bed cost (line 87 x line 88) (see instructions)						1.00 1,279,559 89.00	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	450,659	12,139,276	0.037124	1,279,559	47,502	90.00
91.00	Nursing School cost	0	12,139,276	0.000000	1,279,559	0	91.00
92.00	Allied health cost	0	12,139,276	0.000000	1,279,559	0	92.00
93.00	All other Medical Education	0	12,139,276	0.000000	1,279,559	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/24/2018 1:59 pm
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,689	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,689	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,689	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		0	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		2,053	15.00
16.00	Nursery days (title V or XIX only)		878	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,527,947	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,527,947	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,527,947	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		940.11	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		0	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		0	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 16-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1	
				Component CCN: 16-S117		Date/Time Prepared: 5/24/2018 1:59 pm	
				Title XIX	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
45.01 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.01
45.02 NURSING ADMINISTRATION	0	0	0.00	0	0	0	45.02
45.03 GEROPSYCH REVENUE	0	0	0.00	0	0	0	45.03
45.04 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.04
45.05 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.05
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description						1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						0	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/24/2018 1:59 pm
	Title XIX	Subprovider - IPF	PPS

Cost Center Description						1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	63,114	2,527,947	0.024967	0	0	90.00
91.00	Nursing School cost	0	2,527,947	0.000000	0	0	91.00
92.00	Allied health cost	0	2,527,947	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,527,947	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 16-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3	
		Title XVIII		Hospital	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		7,178,419	30.00
31.00	03100	INTENSIVE CARE UNIT		1,679,147	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT		0	33.01
33.02	03301	NURSING ADMINISTRATION		0	33.02
33.03	03303	GEROPSYCH REVENUE		0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT		0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT		0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.209539	5,729,624	50.00
51.00	05100	RECOVERY ROOM	0.402228	790,602	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.520869	20,314	52.00
53.00	05300	ANESTHESIOLOGY	0.062205	652,574	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.369813	725,141	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.202934	123,756	54.01
54.02	03630	ULTRA SOUND	0.176242	308,632	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.156238	81,914	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.043582	1,816,704	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.089161	245,774	58.00
60.00	06000	LABORATORY	0.342035	3,648,575	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.431746	370,275	63.00
64.00	06400	INTRAVENOUS THERAPY	0.286272	855,019	64.00
65.00	06500	RESPIRATORY THERAPY	0.216081	2,559,354	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.124855	1,064,530	65.01
66.00	06600	PHYSICAL THERAPY	0.534988	990,386	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.380706	426,662	67.00
68.00	06800	SPEECH PATHOLOGY	0.490426	189,614	68.00
69.00	06900	ELECTROCARDIOLOGY	0.215632	204,244	69.00
69.01	03140	CARDIOLOGY	0.183908	3,019,220	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.459001	24,176	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.157334	3,121,523	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.708094	2,530,121	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.196188	6,195,464	73.00
74.00	07400	RENAL DIALYSIS	0.658296	205,683	74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.604761	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.306075	0	76.98
76.99	07699	LI THOTRI PSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.273262	293,229	90.00
91.00	09100	EMERGENCY	0.216896	1,358,861	91.00
92.00	09200	OBSERVATION BEDS	0.679346	163,559	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		37,715,530	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		37,715,530	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/24/2018 1:59 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT		0	33.01
33.02	03301	NURSING ADMINISTRATION		0	33.02
33.03	03303	GEROPSYCH REVENUE		0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT		0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT		0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		4,138,968	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.209539	0	50.00
51.00	05100	RECOVERY ROOM	0.402228	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.520869	0	52.00
53.00	05300	ANESTHESIOLOGY	0.062205	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.369813	7,112	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.202934	0	54.01
54.02	03630	ULTRA SOUND	0.176242	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.156238	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.043582	24,712	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.089161	3,696	58.00
60.00	06000	LABORATORY	0.342035	99,341	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.431746	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.286272	2,464	64.00
65.00	06500	RESPIRATORY THERAPY	0.216081	91,822	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.124855	14,368	65.01
66.00	06600	PHYSICAL THERAPY	0.534988	70,664	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.380706	48,590	67.00
68.00	06800	SPEECH PATHOLOGY	0.490426	18,982	68.00
69.00	06900	ELECTROCARDIOLOGY	0.215632	3,834	69.00
69.01	03140	CARDIOLOGY	0.183908	16,025	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.459001	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.157334	41,654	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.708094	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.196188	236,314	73.00
74.00	07400	RENAL DIALYSIS	0.658296	91,589	74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.604761	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.306075	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.273262	793	90.00
91.00	09100	EMERGENCY	0.216896	31,243	91.00
92.00	09200	OBSERVATION BEDS	0.679346	3,764	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		806,967	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		806,967	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 16-0117 Component CCN: 16-T117	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/24/2018 1:59 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT		0	33.01
33.02	03301	NURSING ADMINISTRATION		0	33.02
33.03	03303	GEROPSYCH REVENUE		0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT		0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT		0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - IRF		2,302,300	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.209539	10,052	50.00
51.00	05100	RECOVERY ROOM	0.402228	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.520869	0	52.00
53.00	05300	ANESTHESIOLOGY	0.062205	1,774	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.369813	16,991	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.202934	0	54.01
54.02	03630	ULTRA SOUND	0.176242	7,234	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.156238	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.043582	26,640	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.089161	3,696	58.00
60.00	06000	LABORATORY	0.342035	135,570	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.431746	7,188	63.00
64.00	06400	INTRAVENOUS THERAPY	0.286272	1,605	64.00
65.00	06500	RESPIRATORY THERAPY	0.216081	196,327	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.124855	85,104	65.01
66.00	06600	PHYSICAL THERAPY	0.534988	545,550	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.380706	555,836	67.00
68.00	06800	SPEECH PATHOLOGY	0.490426	192,482	68.00
69.00	06900	ELECTROCARDIOLOGY	0.215632	1,846	69.00
69.01	03140	CARDIOLOGY	0.183908	2,840	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.459001	758	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.157334	94,561	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.708094	1,200	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.196188	191,582	73.00
74.00	07400	RENAL DIALYSIS	0.658296	27,640	74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.604761	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.306075	0	76.98
76.99	07699	LITHOTRIpsy	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.273262	3,950	90.00
91.00	09100	EMERGENCY	0.216896	995	91.00
92.00	09200	OBSERVATION BEDS	0.679346	5,402	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,116,823	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		2,116,823	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/24/2018 1:59 pm
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments			0 1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			9,679,893 1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			3,538,642 1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0 1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			0 1.04
2.00	Outlier payments for discharges. (see instructions)			132,822 2.00
2.01	Outlier reconciliation amount			0 2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0 2.02
3.00	Managed Care Simulated Payments			0 3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			82.96 4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)			0.00 5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00 6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00 7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00 7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00 8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00 8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00 8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			0.00 9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00 10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00 11.00
12.00	Current year allowable FTE (see instructions)			0.00 12.00
13.00	Total allowable FTE count for the prior year.			0.00 13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			0.00 14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00 15.00
16.00	Adjustment for residents in initial years of the program			0.00 16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00 17.00
18.00	Adjusted rolling average FTE count			0.00 18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.000000 19.00
20.00	Prior year resident to bed ratio (see instructions)			0.000000 20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000 21.00
22.00	IME payment adjustment (see instructions)			0 22.00
22.01	IME payment adjustment - Managed Care (see instructions)			0 22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00 23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00 24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00 25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000 26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000 27.00
28.00	IME add-on adjustment amount (see instructions)			0 28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0 28.01
29.00	Total IME payment (sum of lines 22 and 28)			0 29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0 29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			2.81 30.00
31.00	Percentage of Medicaid patient days (see instructions)			15.60 31.00
32.00	Sum of lines 30 and 31			18.41 32.00
33.00	Allowable disproportionate share percentage (see instructions)			4.72 33.00
34.00	Disproportionate share adjustment (see instructions)			155,979 34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/24/2018 1:59 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0 35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000 35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		430,367	443,330 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		321,891	111,744 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		433,635	36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)		13,940,971	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		13,940,971	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,059,358	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		3,175	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		15,003,504	59.00
60.00	Primary payer payments		35,502	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		14,968,002	61.00
62.00	Deductibles billed to program beneficiaries		1,737,960	62.00
63.00	Coinurance billed to program beneficiaries		33,887	63.00
64.00	Allowable bad debts (see instructions)		0	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		0	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		13,196,155	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		96,851	70.93
70.94	HRR adjustment amount (see instructions)		-135,108	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/24/2018 1:59 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		13,157,898	71.00
71.01	Sequestration adjustment (see instructions)		263,158	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		12,895,831	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-1,091	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		370,596	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/24/2018 1:59 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	9,679,893	0	9,679,893		9,679,893	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,538,642	0		3,538,642	3,538,642	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	132,822	0	107,981	24,842	132,823	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0472	0.0472	0.0472	0.0472		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	155,979	0	114,223	41,756	155,979	11.00
11.01	Uncompensated care payments	36.00	433,635	0	321,891	111,744	433,635	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	13,940,971	0	10,223,987	3,716,984	13,940,971	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	13,940,971	0	10,223,987	3,716,984	13,940,971	15.00
16.00	Payment for inpatient program capital (From Wkst. L, Pt. I, if applicable)	50.00	1,059,358	0	-284,032	1,343,390	1,059,358	16.00
17.00	Special add-on payments for new technologies	54.00	3,175	0	3,175	0	3,175	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/24/2018 1:59 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	9,943,130	5,060,374	15,003,504	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,057,594	0	-285,351	1,342,945	1,057,594	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	1,764	0	1,319	445	1,764	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,059,358	0	-284,032	1,343,390	1,059,358	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	9,679,893	9,679,893		9,679,893	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,538,642		3,538,642	3,538,642	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	132,822	107,981	24,842	132,823	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0472	0.0472	0.0472		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	155,979	114,223	41,756	155,979	11.00
11.01	Uncompensated care payments	36.00	433,635	321,891	111,744	433,635	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	13,940,971	10,223,987	3,716,984	13,940,971	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	13,940,971	10,223,987	3,716,984	13,940,971	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,059,358	-284,032	1,343,390	1,059,358	16.00
17.00	Special add-on payments for new technologies	54.00	3,175	3,175	0	3,175	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			9,943,130	5,060,374	15,003,504	19.00

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,057,594	-285,351	1,342,945	1,057,594	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	1,764	1,319	445	1,764	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,059,358	-284,032	1,343,390	1,059,358	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	96,851	71,037	25,814	96,851	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-135,108	-66,812	-68,296	-135,108	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/24/2018 1:59 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		24,545	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		11,513,464	2.00
3.00	OPPS payments		10,730,938	3.00
4.00	Outlier payment (see instructions)		29,486	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		24,545	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		64,833	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		64,833	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		64,833	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		40,288	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		24,545	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		10,760,424	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		4,620	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,167,037	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		8,613,312	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		8,613,312	30.00
31.00	Primary payer payments		5,999	31.00
32.00	Subtotal (line 30 minus line 31)		8,607,313	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		59,612	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		38,748	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		8,646,061	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-91	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		8,646,152	40.00
40.01	Sequestration adjustment (see instructions)		172,923	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		8,434,555	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		38,674	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/24/2018 1:59 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		214	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		135	2.00
3.00	OPPS payments		283	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		214	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,091	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		1,091	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		1,091	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		877	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		214	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		283	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		497	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		497	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		497	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		497	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		497	40.00
40.01	Sequestration adjustment (see instructions)		10	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		550	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-63	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2018 1:59 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		12,895,831		8,434,555	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		12,895,831		8,434,555	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		38,674	6.01	
6.02	SETTLEMENT TO PROGRAM		1,091		0	6.02	
7.00	Total Medicare program liability (see instructions)		12,894,740		8,473,229	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 16-0117
Component CCN: 16-S117

Period:
From 01/01/2017
To 12/31/2017

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2018 1:59 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,490,955		550	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,490,955		550	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		4,453		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		63	6.02
7.00	Total Medicare program liability (see instructions)		1,495,408		487	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 16-0117
Component CCN: 16-T117

Period:
From 01/01/2017
To 12/31/2017

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2018 1:59 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,890,421		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,890,421		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		15,160		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,905,581		0	7.00
		0		Contractor Number	NPR Date (Mo/Day/Yr)	
				1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 16-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part II Date/Time Prepared: 5/24/2018 1:59 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part II Date/Time Prepared: 5/24/2018 1:59 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,764,140 1.00
2.00	Net IPF PPS Outlier Payments			56,205 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			7.367123 9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,820,345 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,820,345 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,820,345 18.00
19.00	Deductibles			72,352 19.00
20.00	Subtotal (line 18 minus line 19)			1,747,993 20.00
21.00	Coinsurance			226,611 21.00
22.00	Subtotal (line 20 minus line 21)			1,521,382 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			6,992 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			4,545 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,525,927 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,525,927 31.00
31.01	Sequestration adjustment (see instructions)			30,519 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,490,955 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			4,453 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			56,205 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0117 Component CCN: 16-T117	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part III Date/Time Prepared: 5/24/2018 1:59 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			1,889,014 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0161 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			71,971 3.00
4.00	Outlier Payments			21,995 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			6.178082 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			1,982,980 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			1,982,980 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			1,982,980 19.00
20.00	Deductibles			27,636 20.00
21.00	Subtotal (line 19 minus line 20)			1,955,344 21.00
22.00	Coinsurance			12,502 22.00
23.00	Subtotal (line 21 minus line 22)			1,942,842 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			2,504 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			1,628 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			1,944,470 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			1,944,470 32.00
32.01	Sequestration adjustment (see instructions)			38,889 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			1,890,421 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			15,160 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			73,739 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			21,995 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet G

Date/Time Prepared:
5/24/2018 1:59 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	1,617,305	0	0	0	1.00
2.00	Temporary investments	18,189	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	47,400,625	0	0	0	4.00
5.00	Other receivable	1,468,981	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-28,140,140	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	2,251,940	0	0	0	8.00
9.00	Other current assets	837,823	0	0	0	9.00
10.00	Due from other funds	1,128,076	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	26,582,799	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,140,303	0	0	0	12.00
13.00	Land improvements	7,215,187	0	0	0	13.00
14.00	Accumulated depreciation	-5,727,090	0	0	0	14.00
15.00	Buildings	96,320,107	0	0	0	15.00
16.00	Accumulated depreciation	-48,942,989	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	65,596,145	0	0	0	23.00
24.00	Accumulated depreciation	-41,038,519	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	5,315,736	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	84,878,880	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	90,091,305	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	9,177,747	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	99,269,052	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	210,730,731	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	5,997,410	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,164,754	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	4,856,400	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	14,018,564	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	19,764,492	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	19,764,492	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	33,783,056	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	176,947,675				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	176,947,675	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	210,730,731	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet G-1

Date/Time Prepared:
5/24/2018 1:59 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		167,753,356		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		6,237,326			2.00
3.00	Total (sum of line 1 and line 2)		173,990,682		0	3.00
4.00	CY XFERS TO/FROM AFFILIATES	222,168		0		4.00
5.00	FHF PERM RESTR NA - CURRENT YR	2,235,287		0		5.00
6.00	TEMP RESTR	503,669		0		6.00
7.00	TSFR TO UNRESTRICT CA	538,738		0		7.00
8.00	UNRESTRICTED NA	1,345,142		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		4,845,004		0	10.00
11.00	Subtotal (line 3 plus line 10)		178,835,686		0	11.00
12.00	CONTRIBUTIONS	326,227		0		12.00
13.00	FHF TEMP RESTR NA-CURRENT YR	811,036		0		13.00
14.00	NET ASSETS RELEASE - CAP	538,238		0		14.00
15.00	NET ASSETS RELEASE FROM RESTR	212,510		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		1,888,011		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		176,947,675		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	CY XFERS TO/FROM AFFILIATES		0			4.00
5.00	FHF PERM RESTR NA - CURRENT YR		0			5.00
6.00	TEMP RESTR		0			6.00
7.00	TSFR TO UNRESTRICT CA		0			7.00
8.00	UNRESTRICTED NA		0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	CONTRIBUTIONS		0			12.00
13.00	FHF TEMP RESTR NA-CURRENT YR		0			13.00
14.00	NET ASSETS RELEASE - CAP		0			14.00
15.00	NET ASSETS RELEASE FROM RESTR		0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/24/2018 1:59 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	21,810,021		21,810,021	1.00
2.00	SUBPROVIDER - IPF	5,295,363		5,295,363	2.00
3.00	SUBPROVIDER - IRF	4,114,199		4,114,199	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	31,219,583		31,219,583	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	3,752,992		3,752,992	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
13.01	BURN INTENSIVE CARE UNIT	0		0	13.01
13.02	NURSING ADMINISTRATION	0		0	13.02
13.03	GEROPSYCH REVENUE	0		0	13.03
13.04	BURN INTENSIVE CARE UNIT	0		0	13.04
13.05	BURN INTENSIVE CARE UNIT	0		0	13.05
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	3,752,992		3,752,992	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	34,972,575		34,972,575	17.00
18.00	Ancillary services	81,868,566	178,741,345	260,609,911	18.00
19.00	Outpatient services	0	2,590,282	2,590,282	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		4,246,223	4,246,223	22.00
23.00	AMBULANCE SERVICES	21,764	986	22,750	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER PHYSICIANS	0	27,703,167	27,703,167	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	116,862,905	213,282,003	330,144,908	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		105,116,493		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		105,116,493		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet G-3

Date/Time Prepared:
5/24/2018 1:59 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	330,144,908	1.00
2.00	Less contractual allowances and discounts on patients' accounts	214,461,403	2.00
3.00	Net patient revenues (line 1 minus line 2)	115,683,505	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	105,116,493	4.00
5.00	Net income from service to patients (line 3 minus line 4)	10,567,012	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	10,285,670	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	5	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	18,018	21.00
22.00	Rental of hospital space	413,200	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	0	24.00
24.01	OTHER GRANTS	71,947	24.01
24.02	OTHER MEANINGFUL USE	-229,162	24.02
24.03	OTHER MISCELLANEOUS	2,642,953	24.03
25.00	Total other income (sum of lines 6-24)	13,202,631	25.00
26.00	Total (line 5 plus line 25)	23,769,643	26.00
27.00	OTHER FINLEY TRI-STATES NET	17,532,317	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	17,532,317	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	6,237,326	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 16-0117

Period: From 01/01/2017 To 12/31/2017

Worksheet H

HHA CCN: 16-7002

Date/Time Prepared: 5/24/2018 1:59 pm

Home Health Agency I

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	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	8,530	85,810	1,782	82,975	1,460,106	1,639,203	5.00
HHA REIMBURSABLE SERVICES							
6.00	1,009,916	233,541	62,220	43,579	112,596	1,461,852	6.00
7.00	577,334	131,332	42,834	12,645	8,475	772,620	7.00
8.00	153,603	37,229	11,223	0	2,811	204,866	8.00
9.00	48,659	10,871	4,457	0	205	64,192	9.00
10.00	0	0	0	0	0	0	10.00
11.00	44,588	16,404	12,783	-290	2,366	75,851	11.00
12.00	0	0	0	0	0	0	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
23.50	0	0	0	0	0	0	23.50
24.00	1,842,630	515,187	135,299	138,909	1,586,559	4,218,584	24.00
	Reclassified	Reclassified	Adjustments	Net Expenses			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	-23,902	1,615,301	-80,642	1,534,659			5.00
HHA REIMBURSABLE SERVICES							
6.00	-95	1,461,757	0	1,461,757			6.00
7.00	0	772,620	0	772,620			7.00
8.00	0	204,866	0	204,866			8.00
9.00	0	64,192	0	64,192			9.00
10.00	0	0	0	0			10.00
11.00	0	75,851	0	75,851			11.00
12.00	0	0	0	0			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
23.50	0	0	0	0			23.50
24.00	-23,997	4,194,587	-80,642	4,113,945			24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 16-0117 HHA CCN: 16-7002		Period: From 01/01/2017 To 12/31/2017		Worksheet H-1 Part I Date/Time Prepared: 5/24/2018 1:59 pm	
				Home Health Agency I		PPS	
	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	1,534,659	0	0	0	1,534,659	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,461,757	0	0	0	1,461,757	6.00
7.00	Physical Therapy	772,620	0	0	0	772,620	7.00
8.00	Occupational Therapy	204,866	0	0	0	204,866	8.00
9.00	Speech Pathology	64,192	0	0	0	64,192	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	75,851	0	0	0	75,851	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	4,113,945	0	0	0	4,113,945	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	1,534,659					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	869,736	2,331,493				6.00
7.00	Physical Therapy	459,704	1,232,324				7.00
8.00	Occupational Therapy	121,894	326,760				8.00
9.00	Speech Pathology	38,194	102,386				9.00
10.00	Medical Social Services	0	0				10.00
11.00	Home Health Aide	45,131	120,982				11.00
12.00	Supplies (see instructions)	0	0				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Telemedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		4,113,945				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 16-0117

Period: From 01/01/2017

Worksheet H-1

HHA CCN: 16-7002

To 12/31/2017

Part II
Date/Time Prepared:
5/24/2018 1:59 pm

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	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-1,534,659	2,579,286
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	1,461,757
7.00	Physical Therapy	0	0	0	0	0	772,620
8.00	Occupational Therapy	0	0	0	0	0	204,866
9.00	Speech Pathology	0	0	0	0	0	64,192
10.00	Medical Social Services	0	0	0	0	0	0
11.00	Home Health Aide	0	0	0	0	0	75,851
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-1,534,659	2,579,286
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		1,534,659
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.594994

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 16-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet H-2 Part I Date/Time Prepared: 5/24/2018 1:59 pm
		HHA CCN: 16-7002		Home Health Agency I PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	55,707	0	0	55,707	9,525	1.00
2.00 Skilled Nursing Care	2,331,493	0	0	0	2,331,493	398,651	2.00
3.00 Physical Therapy	1,232,324	0	0	0	1,232,324	210,709	3.00
4.00 Occupational Therapy	326,760	0	0	0	326,760	55,871	4.00
5.00 Speech Pathology	102,386	0	0	0	102,386	17,506	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	120,982	0	0	0	120,982	20,686	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	4,113,945	55,707	0	0	4,169,652	712,948	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description	REHAB ADMINISTRATIVE	RADIOLOGY ADMINISTRATIVE	Subtotal	OCCUPATIONAL HEALTH ADMINISTRATIVE	Subtotal	PURCHASING RECEIVING AND STORES	
	5.02	5.03	5A.03	5.04	5A.04	5.05	
1.00 Administrative and General	143,949	0	209,181	886	210,067	980	1.00
2.00 Skilled Nursing Care	0	0	2,730,144	11,564	2,741,708	12,786	2.00
3.00 Physical Therapy	0	0	1,443,033	6,113	1,449,146	6,759	3.00
4.00 Occupational Therapy	0	0	382,631	1,621	384,252	1,792	4.00
5.00 Speech Pathology	0	0	119,892	508	120,400	562	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	141,668	600	142,268	664	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	143,949	0	5,026,549	21,292	5,047,841	23,543	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.000000		0.000000		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0117

Period: From 01/01/2017

Worksheet H-2

HHA CCN: 16-7002

To 12/31/2017

Part I
Date/Time Prepared:
5/24/2018 1:59 pm

Home Health Agency I

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Cost Center Description		MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	6.01	7.00	8.00	9.00	10.00	
1.00	Administrative and General	0	48,807	133,337	0	47,027	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	48,807	133,337	0	47,027	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		CAFETERIA	EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	11.01	12.00	13.00	14.00	15.00	
1.00	Administrative and General	0	0	0	0	4,398	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	4,398	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0117

Period: From 01/01/2017 To 12/31/2017

Worksheet H-2 Part I

HHA CCN: 16-7002

Date/Time Prepared: 5/24/2018 1:59 pm

Home Health Agency I

PPS

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS	
	16.00	17.00	19.00	20.00	21.00	22.00		
1.00 Administrative and General	13,698	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	13,698	0	0	0	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.								21.00
Cost Center Description	PARAMEDICAL ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	23.00	24.00	25.00	26.00	27.00	28.00		
1.00 Administrative and General	0	458,314	0	458,314	0	0	0	1.00
2.00 Skilled Nursing Care	0	2,754,494	0	2,754,494	259,740	3,014,234	0	2.00
3.00 Physical Therapy	0	1,455,905	0	1,455,905	137,287	1,593,192	0	3.00
4.00 Occupational Therapy	0	386,044	0	386,044	36,403	422,447	0	4.00
5.00 Speech Pathology	0	120,962	0	120,962	11,406	132,368	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	142,932	0	142,932	13,478	156,410	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	0	5,318,651	0	5,318,651	458,314	5,318,651	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.094297			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 16-0117 HHA CCN: 16-7002	Period: From 01/01/2017 To 12/31/2017	Worksheet H-2 Part II Date/Time Prepared: 5/24/2018 1:59 pm
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		Home Health Agency I	PPS
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	REHAB ADMINISTRATION (DOLLAR VALUE)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	7,782	0	1,842,630	0	55,707	4,218,584	1.00
2.00 Skilled Nursing Care	0	0	0	0	2,331,493	0	2.00
3.00 Physical Therapy	0	0	0	0	1,232,324	0	3.00
4.00 Occupational Therapy	0	0	0	0	326,760	0	4.00
5.00 Speech Pathology	0	0	0	0	102,386	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	120,982	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	7,782	0	1,842,630		4,169,652	4,218,584	20.00
21.00 Total cost to be allocated	55,707	0	0		712,948	143,949	21.00
22.00 Unit cost multiplier	7.158443	0.000000	0.000000		0.170985	0.034123	22.00
Cost Center Description	RADIOLOGY ADMINISTRATION (DOLLAR VALUE)	Reconciliation	OCCUPATIONAL HEALTH ADMINISTRATION (ACCUM. COST)	Reconciliation	PURCHASING RECEIVING AND STORES (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	5.03	5A.04	5.04	5A.05	5.05	6.00	
1.00 Administrative and General	0	0	209,181	0	210,067	0	1.00
2.00 Skilled Nursing Care	0	0	2,730,144	0	2,741,708	0	2.00
3.00 Physical Therapy	0	0	1,443,033	0	1,449,146	0	3.00
4.00 Occupational Therapy	0	0	382,631	0	384,252	0	4.00
5.00 Speech Pathology	0	0	119,892	0	120,400	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	141,668	0	142,268	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0		5,026,549		5,047,841	0	20.00
21.00 Total cost to be allocated	0		21,292		23,543	0	21.00
22.00 Unit cost multiplier	0.000000		0.004236		0.004664	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 16-0117 HHA CCN: 16-7002	Period: From 01/01/2017 To 12/31/2017	Worksheet H-2 Part II Date/Time Prepared: 5/24/2018 1:59 pm
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		Home Health Agency I	PPS
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Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
	6.01	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	7,782	7,782	0	7,782	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	7,782	7,782	0	7,782	0	0	20.00
21.00 Total cost to be allocated	48,807	133,337	0	47,027	0	0	21.00
22.00 Unit cost multiplier	6.271781	17.134027	0.000000	6.043048	0.000000	0.000000	22.00

Cost Center Description	EMPLOYEE CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
	11.01	12.00	13.00	14.00	15.00	16.00	
1.00 Administrative and General	0	0	0	64,952	0	4,246,223	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	0	0	64,952	0	4,246,223	20.00
21.00 Total cost to be allocated	0	0	0	4,398	0	13,698	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.067712	0.000000	0.003226	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0117

Period: From 01/01/2017

Worksheet H-2

HHA CCN: 16-7002

To 12/31/2017

Part II
Date/Time Prepared: 5/24/2018 1:59 pm

Home Health Agency I

PPS

Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMEDICAL ED PRGM (ASSIGNED TIME)	
				SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)		
				17.00	19.00		
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00 Total cost to be allocated	0	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 16-0117 HHA CCN: 16-7002		Period: From 01/01/2017 To 12/31/2017		Worksheet H-3 Part I Date/Time Prepared: 5/24/2018 1:59 pm	
				Title XVIII		Home Health Agency I		PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)		
		0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	2.00	3,014,234		3,014,234	12,290	245.26		
2.00	Physical Therapy	3.00	1,593,192	0	1,593,192	6,530	243.98		
3.00	Occupational Therapy	4.00	422,447	0	422,447	2,018	209.34		
4.00	Speech Pathology	5.00	132,368	0	132,368	508	260.57		
5.00	Medical Social Services	6.00	0		0	541	0.00		
6.00	Home Health Aide	7.00	156,410		156,410	2,551	61.31		
7.00	Total (sum of lines 1-6)		5,318,651	0	5,318,651	24,438	7.00		
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits		Ratio (col. 3 + col. 4)		
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles			
		0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation									
8.00	Skilled Nursing Care		20220	0	6,017		8.00		
8.01	Skilled Nursing Care		99914	0	408		8.01		
8.02	Skilled Nursing Care		99916	0	489		8.02		
8.03	Skilled Nursing Care		99952	0	332		8.03		
9.00	Physical Therapy		20220	0	3,157		9.00		
9.01	Physical Therapy		99914	0	190		9.01		
9.02	Physical Therapy		99916	0	248		9.02		
9.03	Physical Therapy		99952	0	209		9.03		
10.00	Occupational Therapy		20220	0	1,034		10.00		
10.01	Occupational Therapy		99914	0	57		10.01		
10.02	Occupational Therapy		99916	0	72		10.02		
10.03	Occupational Therapy		99952	0	55		10.03		
11.00	Speech Pathology		20220	0	161		11.00		
11.01	Speech Pathology		99914	0	31		11.01		
11.02	Speech Pathology		99916	0	0		11.02		
11.03	Speech Pathology		99952	0	12		11.03		
12.00	Medical Social Services		20220	0	282		12.00		
12.01	Medical Social Services		99914	0	21		12.01		
12.02	Medical Social Services		99916	0	13		12.02		
12.03	Medical Social Services		99952	0	11		12.03		
13.00	Home Health Aide		20220	0	1,003		13.00		
13.01	Home Health Aide		99914	0	42		13.01		
13.02	Home Health Aide		99916	0	70		13.02		
13.03	Home Health Aide		99952	0	32		13.03		
14.00	Total (sum of lines 8-13)			0	13,946		14.00		
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 + col. 4)		
		0	1.00	2.00	3.00	4.00	5.00		
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	8.00	0	0	0	0	0.000000		
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000		

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 16-0117 HHA CCN: 16-7002		Period: From 01/01/2017 To 12/31/2017		Worksheet H-3 Part I Date/Time Prepared: 5/24/2018 1:59 pm	
				Title XVIII		Home Health Agency I		PPS	
Cost Center Description	Program Visits			Cost of Services					
	Part A	Part B		Part A	Part B		Part A	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	6.00	7.00	8.00	9.00	10.00	11.00			
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	0	7,246		0	1,777,154		1.00	
2.00	Physical Therapy	0	3,804		0	928,100		2.00	
3.00	Occupational Therapy	0	1,218		0	254,976		3.00	
4.00	Speech Pathology	0	204		0	53,156		4.00	
5.00	Medical Social Services	0	327		0	0		5.00	
6.00	Home Health Aide	0	1,147		0	70,323		6.00	
7.00	Total (sum of lines 1-6)	0	13,946		0	3,083,709		7.00	
Cost Center Description									
		6.00	7.00	8.00	9.00	10.00	11.00		
Limitation Cost Computation									
8.00	Skilled Nursing Care							8.00	
8.01	Skilled Nursing Care							8.01	
8.02	Skilled Nursing Care							8.02	
8.03	Skilled Nursing Care							8.03	
9.00	Physical Therapy							9.00	
9.01	Physical Therapy							9.01	
9.02	Physical Therapy							9.02	
9.03	Physical Therapy							9.03	
10.00	Occupational Therapy							10.00	
10.01	Occupational Therapy							10.01	
10.02	Occupational Therapy							10.02	
10.03	Occupational Therapy							10.03	
11.00	Speech Pathology							11.00	
11.01	Speech Pathology							11.01	
11.02	Speech Pathology							11.02	
11.03	Speech Pathology							11.03	
12.00	Medical Social Services							12.00	
12.01	Medical Social Services							12.01	
12.02	Medical Social Services							12.02	
12.03	Medical Social Services							12.03	
13.00	Home Health Aide							13.00	
13.01	Home Health Aide							13.01	
13.02	Home Health Aide							13.02	
13.03	Home Health Aide							13.03	
14.00	Total (sum of lines 8-13)							14.00	
Program Covered Charges									
Cost Center Description	Part A	Part B		Part A	Part B		Part A	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
		6.00	7.00	8.00	9.00	10.00	11.00		
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	0	0	0	0	0	0	15.00	
16.00	Cost of Drugs		0	0		0	0	16.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0117

Period:

Worksheet H-3

HHA CCN: 16-7002

From 01/01/2017
To 12/31/2017

Part I
Date/Time Prepared:
5/24/2018 1:59 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Total Program Cost (sum of cols. 9-10)		
		12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION				
Cost Per Visit Computation				
1.00	Skilled Nursing Care	1,777,154		1.00
2.00	Physical Therapy	928,100		2.00
3.00	Occupational Therapy	254,976		3.00
4.00	Speech Pathology	53,156		4.00
5.00	Medical Social Services	0		5.00
6.00	Home Health Aide	70,323		6.00
7.00	Total (sum of lines 1-6)	3,083,709		7.00
Cost Center Description		12.00		
Limitation Cost Computation				
8.00	Skilled Nursing Care			8.00
8.01	Skilled Nursing Care			8.01
8.02	Skilled Nursing Care			8.02
8.03	Skilled Nursing Care			8.03
9.00	Physical Therapy			9.00
9.01	Physical Therapy			9.01
9.02	Physical Therapy			9.02
9.03	Physical Therapy			9.03
10.00	Occupational Therapy			10.00
10.01	Occupational Therapy			10.01
10.02	Occupational Therapy			10.02
10.03	Occupational Therapy			10.03
11.00	Speech Pathology			11.00
11.01	Speech Pathology			11.01
11.02	Speech Pathology			11.02
11.03	Speech Pathology			11.03
12.00	Medical Social Services			12.00
12.01	Medical Social Services			12.01
12.02	Medical Social Services			12.02
12.03	Medical Social Services			12.03
13.00	Home Health Aide			13.00
13.01	Home Health Aide			13.01
13.02	Home Health Aide			13.02
13.03	Home Health Aide			13.03
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 16-0117 HHA CCN: 16-7002	Period: From 01/01/2017 To 12/31/2017	Worksheet H-3 Part II Date/Time Prepared: 5/24/2018 1:59 pm
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Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.534988	0	0	col. 2, line 2.00	1.00
2.00	Occupational Therapy	67.00	0.380706	0	0	col. 2, line 3.00	2.00
3.00	Speech Pathology	68.00	0.490426	0	0	col. 2, line 4.00	3.00
4.00	Cost of Medical Supplies	71.00	0.157334	0	0	col. 2, line 15.00	4.00
5.00	Cost of Drugs	73.00	0.196188	0	0	col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0117 HHA CCN: 16-7002	Period: From 01/01/2017 To 12/31/2017	Worksheet H-4 Part I-II Date/Time Prepared: 5/24/2018 1:59 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	2,228,976
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	83,837
13.00	Total PPS Reimbursement - LUPA Episodes		0	39,937
14.00	Total PPS Reimbursement - PEP Episodes		0	21,562
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	7,852
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	3,560
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	2,385,724
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	2,385,724
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	2,385,724
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	2,385,724
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	2,385,724
31.01	Sequestration adjustment (see instructions)		0	47,651
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	2,334,877
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	3,196
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 16-0117

Period:
From 01/01/2017
To 12/31/2017

Worksheet H-5

HHA CCN: 16-7002

Date/Time Prepared:
5/24/2018 1:59 pm

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PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		2,334,877	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		2,334,877	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		3,196	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		2,338,073	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 16-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 5/24/2018 1:59 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,057,594	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		1,764	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		40.69	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		1,059,358	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00